| Fill in this information to identify your case: |                                 |                                   |
|-------------------------------------------------|---------------------------------|-----------------------------------|
| United States Bankruptcy Court for the:         |                                 |                                   |
| NORTHERN DISTRICT OF ALABAMA                    | _                               |                                   |
| Case number (if known)                          | _ Chapter you are filing under: |                                   |
|                                                 | Chapter 7                       |                                   |
|                                                 | ☐ Chapter 11                    |                                   |
|                                                 | ☐ Chapter 12                    |                                   |
|                                                 | ☐ Chapter 13                    | ☐ Check if this an amended filing |

## Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | rt 1:                                           | Identify Yourself                                                                                                                                               |                                                                                     |                                                                   |
|-----|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------|
|     |                                                 |                                                                                                                                                                 | About Debtor 1:                                                                     | About Debtor 2 (Spouse Only in a Joint Case):                     |
| 1.  | You                                             | r full name                                                                                                                                                     |                                                                                     |                                                                   |
|     | your<br>pictu<br>exar<br>licer<br>Bring<br>iden | e the name that is on government-issued ure identification (for mple, your driver's ase or passport).  g your picture tification to your ting with the trustee. | Temecia First name  S. Middle name  Thomas Last name and Suffix (Sr., Jr., II, III) | First name  Middle name  Last name and Suffix (Sr., Jr., II, III) |
| 2.  | use<br>Inclu                                    | other names you have<br>d in the last 8 years<br>ude your married or<br>den names.                                                                              | Temecia Sistrunk                                                                    |                                                                   |
| 3.  | you<br>num<br>Indi                              | y the last 4 digits of<br>r Social Security<br>nber or federal<br>vidual Taxpayer<br>tification number                                                          | xxx-xx-7130                                                                         |                                                                   |

|    |                                                                                                                                                | About Debtor 1:                                                                                                                                     | About Debtor 2 (Spouse Only in a Joint Case):                                                                                              |
|----|------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | I have not used any business name or EINs.  Business name(s)  EINs                                                                                  | ☐ I have not used any business name or EINs.  Business name(s)  EINs                                                                       |
| 5. | Where you live                                                                                                                                 | 2408 Bowstring Drive                                                                                                                                | If Debtor 2 lives at a different address:                                                                                                  |
|    |                                                                                                                                                | Birmingham, AL 35214  Number, Street, City, State & ZIP Code                                                                                        | Number, Street, City, State & ZIP Code                                                                                                     |
|    |                                                                                                                                                | Jefferson                                                                                                                                           | Trumber, direct, dity, diate & 211 Gode                                                                                                    |
|    |                                                                                                                                                | County                                                                                                                                              | County                                                                                                                                     |
|    |                                                                                                                                                | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
|    |                                                                                                                                                | Number, P.O. Box, Street, City, State & ZIP Code                                                                                                    | Number, P.O. Box, Street, City, State & ZIP Code                                                                                           |
| 6. | Why you are choosing this district to file for                                                                                                 | Check one:                                                                                                                                          | Check one:                                                                                                                                 |
|    | bankruptcy                                                                                                                                     | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                       |
|    |                                                                                                                                                | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)                                                                                        | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)                                                                               |
|    |                                                                                                                                                |                                                                                                                                                     |                                                                                                                                            |

| Deb | otor 1 Temecia S. Thoma                                                                                           | as                                           |                                                                  |                                                                          | Case number (if known)                                                                                                                                                                    |                                        |
|-----|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------|------------------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
|     |                                                                                                                   |                                              |                                                                  |                                                                          |                                                                                                                                                                                           |                                        |
| Par | t 2: Tell the Court About                                                                                         | Your Bankruptcy                              | Case                                                             |                                                                          |                                                                                                                                                                                           |                                        |
| 7.  | The chapter of the Bankruptcy Code you are                                                                        |                                              |                                                                  | of each, see <i>Notice Required by</i> page 1 and check the appropriate  | 11 U.S.C. § 342(b) for Individuals Filing f<br>e box.                                                                                                                                     | or Bankruptcy                          |
|     | choosing to file under                                                                                            | Chapter 7                                    |                                                                  |                                                                          |                                                                                                                                                                                           |                                        |
|     |                                                                                                                   | ☐ Chapter 11                                 |                                                                  |                                                                          |                                                                                                                                                                                           |                                        |
|     |                                                                                                                   | ☐ Chapter 12                                 |                                                                  |                                                                          |                                                                                                                                                                                           |                                        |
|     |                                                                                                                   | ☐ Chapter 13                                 |                                                                  |                                                                          |                                                                                                                                                                                           |                                        |
| 8.  | How you will pay the fee                                                                                          | about how                                    | you may pay. Typi<br>ur attorney is subm                         | cally, if you are paying the fee yo                                      | k with the clerk's office in your local court<br>urself, you may pay with cash, cashier's<br>alf, your attorney may pay with a credit ca                                                  | check, or money                        |
|     |                                                                                                                   | ☐ I need to p                                | oay the fee in insta                                             | allments. If you choose this optio                                       | n, sign and attach the Application for Inc                                                                                                                                                | lividuals to Pay                       |
|     |                                                                                                                   | I request t<br>but is not re<br>applies to y | hat my fee be wai<br>equired to, waive y<br>your family size and | our fee, and may do so only if you<br>d you are unable to pay the fee in | n only if you are filing for Chapter 7. By la<br>ur income is less than 150% of the officia<br>installments). If you choose this option,<br>ial Form 103B) and file it with your petition | al poverty line that you must fill out |
|     | Have you filed for                                                                                                |                                              |                                                                  |                                                                          |                                                                                                                                                                                           |                                        |
| 9.  | Have you filed for<br>bankruptcy within the<br>last 8 years?                                                      | ■ No.<br>□ Yes.                              |                                                                  |                                                                          |                                                                                                                                                                                           |                                        |
|     |                                                                                                                   | Distric                                      | et                                                               | When                                                                     | Case number                                                                                                                                                                               |                                        |
|     |                                                                                                                   | Distric                                      | ct                                                               | When                                                                     | Case number                                                                                                                                                                               |                                        |
|     |                                                                                                                   | Distric                                      |                                                                  | When                                                                     | Case number                                                                                                                                                                               |                                        |
| 10. | Are any bankruptcy cases pending or being                                                                         | ■ No                                         |                                                                  |                                                                          |                                                                                                                                                                                           |                                        |
|     | filed by a spouse who is<br>not filing this case with<br>you, or by a business<br>partner, or by an<br>affiliate? | ☐ Yes.                                       |                                                                  |                                                                          |                                                                                                                                                                                           |                                        |
|     |                                                                                                                   | Debto                                        | r                                                                |                                                                          | Relationship to you                                                                                                                                                                       |                                        |
|     |                                                                                                                   | Distric                                      |                                                                  | When                                                                     | Case number, if known                                                                                                                                                                     |                                        |
|     |                                                                                                                   | Debto                                        | r                                                                |                                                                          | Relationship to you                                                                                                                                                                       |                                        |
|     |                                                                                                                   | Distric                                      | ct                                                               | When                                                                     | Case number, if known                                                                                                                                                                     |                                        |
| 11. | Do you rent your residence?                                                                                       | ■ No. Go to                                  | o line 12.                                                       |                                                                          |                                                                                                                                                                                           |                                        |
|     |                                                                                                                   | ☐ Yes. Has                                   | your landlord obtai                                              | ined an eviction judgment against                                        | t you?                                                                                                                                                                                    |                                        |
|     |                                                                                                                   |                                              | No. Go to line 1                                                 | 2.                                                                       |                                                                                                                                                                                           |                                        |
|     |                                                                                                                   |                                              | Yes. Fill out <i>Init</i> this bankruptcy                        |                                                                          | Judgment Against You (Form 101A) and                                                                                                                                                      | file it as part of                     |
|     |                                                                                                                   |                                              |                                                                  |                                                                          |                                                                                                                                                                                           |                                        |

| Deb | otor 1 Temecia S. Thoma                                                                                                              | as                 |                                           |                                          | Case number (if known)                                                                                                                                                                                                                                                         |
|-----|--------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------------------------|------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|     |                                                                                                                                      |                    |                                           |                                          |                                                                                                                                                                                                                                                                                |
| Par | t 3: Report About Any Bu                                                                                                             | ısinesses          | You Own                                   | as a Sole Propriet                       | tor                                                                                                                                                                                                                                                                            |
|     | Are you a sole proprietor of any full- or part-time business?                                                                        | ■ No.              |                                           | Part 4.                                  |                                                                                                                                                                                                                                                                                |
|     | Dusiness:                                                                                                                            | ☐ Yes.             | Name                                      | and location of bus                      | iness                                                                                                                                                                                                                                                                          |
|     | A sole proprietorship is a                                                                                                           | <b>ப</b> 103.      |                                           |                                          |                                                                                                                                                                                                                                                                                |
|     | business you operate as<br>an individual, and is not a<br>separate legal entity such<br>as a corporation,<br>partnership, or LLC.    |                    |                                           | of business, if any                      |                                                                                                                                                                                                                                                                                |
|     | If you have more than one sole proprietorship, use a separate sheet and attach                                                       |                    | Numb                                      | er, Street, City, Stat                   | te & ZIP Code                                                                                                                                                                                                                                                                  |
|     | it to this petition.                                                                                                                 |                    | Check                                     | k the appropriate bo                     | x to describe your business:                                                                                                                                                                                                                                                   |
|     | ,                                                                                                                                    |                    |                                           |                                          | ness (as defined in 11 U.S.C. § 101(27A))                                                                                                                                                                                                                                      |
|     |                                                                                                                                      |                    |                                           | Single Asset Real                        | Estate (as defined in 11 U.S.C. § 101(51B))                                                                                                                                                                                                                                    |
|     |                                                                                                                                      |                    |                                           | Stockbroker (as d                        | efined in 11 U.S.C. § 101(53A))                                                                                                                                                                                                                                                |
|     |                                                                                                                                      |                    |                                           | Commodity Broke                          | er (as defined in 11 U.S.C. § 101(6))                                                                                                                                                                                                                                          |
|     |                                                                                                                                      |                    |                                           | None of the above                        |                                                                                                                                                                                                                                                                                |
| 13. | Are you filing under<br>Chapter 11 of the<br>Bankruptcy Code and are<br>you a small business<br>debtor?<br>For a definition of small | deadline operation | s. If you in<br>ns, cash-fl<br>S.C. 1116( | idicate that you are ow statement, and f | court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of ederal income tax return or if any of these documents do not exist, follow the procedure oter 11. |
|     | business debtor, see 11 U.S.C. § 101(51D).                                                                                           | □ No.              | I am f<br>Code.                           | •                                        | 11, but I am NOT a small business debtor according to the definition in the Bankruptcy                                                                                                                                                                                         |
|     |                                                                                                                                      | ☐ Yes.             | I am f                                    | iling under Chapter                      | 11 and I am a small business debtor according to the definition in the Bankruptcy Code.                                                                                                                                                                                        |
| Par | t 4: Report if You Own or                                                                                                            | Have Any           | / Hazardo                                 | ous Property or An                       | y Property That Needs Immediate Attention                                                                                                                                                                                                                                      |
| 14. | Do you own or have any                                                                                                               | ■ No.              |                                           |                                          |                                                                                                                                                                                                                                                                                |
|     | property that poses or is<br>alleged to pose a threat<br>of imminent and<br>identifiable hazard to                                   | ☐ Yes.             | What is                                   | the hazard?                              |                                                                                                                                                                                                                                                                                |
|     | public health or safety? Or do you own any property that needs immediate attention?                                                  |                    |                                           | liate attention is why is it needed?     |                                                                                                                                                                                                                                                                                |
|     | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?                    |                    | Where is                                  | s the property?                          |                                                                                                                                                                                                                                                                                |
|     |                                                                                                                                      |                    |                                           |                                          | Number, Street, City, State & Zip Code                                                                                                                                                                                                                                         |
|     |                                                                                                                                      |                    |                                           |                                          |                                                                                                                                                                                                                                                                                |
|     |                                                                                                                                      |                    |                                           |                                          |                                                                                                                                                                                                                                                                                |

Debtor 1 Temecia S. Thomas

Case number (if known)

#### Part 5:

#### Explain Your Efforts to Receive a Briefing About Credit Counseling

### Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|------------------------------------------------------|
| counseling because of:                               |

## ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### □ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

| Deb  | tor 1 Temecia S. Thoma                                         | as                    |                                      | Case num                                                                                   | ber (if known)                                                                              |
|------|----------------------------------------------------------------|-----------------------|--------------------------------------|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Part | 6: Answer These Quest                                          | ions for R            | eporting Purposes                    |                                                                                            |                                                                                             |
| 16.  | What kind of debts do you have?                                | 16a.                  |                                      | consumer debts? Consumer debts are dersonal, family, or household purpose."                | efined in 11 U.S.C. § 101(8) as "incurred by an                                             |
|      |                                                                |                       | ☐ No. Go to line 16b.                |                                                                                            |                                                                                             |
|      |                                                                |                       | Yes. Go to line 17.                  |                                                                                            |                                                                                             |
|      |                                                                | 16b.                  | Are your debts primarily             | business debts? Business debts are deb                                                     |                                                                                             |
|      |                                                                |                       | □ No. Go to line 16c.                | vestment or through the operation of the b                                                 | usiness or investment.                                                                      |
|      |                                                                |                       | _                                    |                                                                                            |                                                                                             |
|      |                                                                | 16c.                  | Yes. Go to line 17.                  | owe that are not consumer debts or busin                                                   | acco debte                                                                                  |
|      |                                                                | 100.                  |                                      | Towe that are not consumer debts of busin                                                  | less debts                                                                                  |
| 17.  | Are you filing under Chapter 7?                                | □ No.                 | I am not filing under Chapte         | er 7. Go to line 18.                                                                       |                                                                                             |
|      | Do you estimate that after any exempt property is excluded and | ■ Yes.                |                                      | . Do you estimate that after any exempt pravailable to distribute to unsecured credito     | operty is excluded and administrative expenses rs?                                          |
|      | administrative expenses                                        |                       | ■ No                                 |                                                                                            |                                                                                             |
|      | are paid that funds will be available for                      |                       | □Yes                                 |                                                                                            |                                                                                             |
|      | distribution to unsecured creditors?                           |                       |                                      |                                                                                            |                                                                                             |
| 18.  | How many Creditors do                                          | <b>1</b> -49          |                                      | □ 1,000-5,000                                                                              | □ 25,001-50,000                                                                             |
|      | you estimate that you owe?                                     | ☐ 50-99               |                                      | ☐ 5001-10,000                                                                              | ☐ 50,001-100,000                                                                            |
|      | owe:                                                           | <u> </u>              |                                      | □ 10,001-25,000                                                                            | ☐ More than100,000                                                                          |
|      |                                                                | □ 200-9               | 99                                   |                                                                                            |                                                                                             |
| 19.  | How much do you                                                | <b>\$0 - \$</b>       | 50,000                               | ☐ \$1,000,001 - \$10 million                                                               | □ \$500,000,001 - \$1 billion                                                               |
|      | estimate your assets to be worth?                              |                       | 01 - \$100,000                       | □ \$10,000,001 - \$50 million                                                              | □ \$1,000,000,001 - \$10 billion                                                            |
|      |                                                                |                       | 001 - \$500,000<br>001 - \$1 million | ☐ \$50,000,001 - \$100 million<br>☐ \$100,000,001 - \$500 million                          | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion                                  |
|      |                                                                | \$500,                | UUT - \$1 million                    |                                                                                            | - Wore than 600 billion                                                                     |
| 20.  | How much do you                                                | <b>\$0 - \$</b>       | 50,000                               | ☐ \$1,000,001 - \$10 million                                                               | ☐ \$500,000,001 - \$1 billion                                                               |
|      | estimate your liabilities to be?                               | <b>□</b> \$50,0       | 01 - \$100,000                       | □ \$10,000,001 - \$50 million                                                              | □ \$1,000,000,001 - \$10 billion                                                            |
|      |                                                                |                       | 001 - \$500,000                      | ☐ \$50,000,001 - \$100 million<br>☐ \$100,000,001 - \$500 million                          | ☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion                                   |
|      |                                                                | <b>□</b> \$500,       | 001 - \$1 million                    | <u> </u>                                                                                   | I Wore than \$50 billion                                                                    |
| Part | 7: Sign Below                                                  |                       |                                      |                                                                                            |                                                                                             |
| For  | you                                                            | I have ex             | amined this petition, and I d        | eclare under penalty of perjury that the info                                              | ormation provided is true and correct.                                                      |
|      |                                                                |                       |                                      | 7, I am aware that I may proceed, if eligibe relief available under each chapter, and I    | le, under Chapter 7, 11,12, or 13 of title 11, choose to proceed under Chapter 7.           |
|      |                                                                |                       |                                      | d not pay or agree to pay someone who is the notice required by 11 U.S.C. § 342(b).        | not an attorney to help me fill out this                                                    |
|      |                                                                | I request             | relief in accordance with the        | e chapter of title 11, United States Code, sp                                              | pecified in this petition.                                                                  |
|      |                                                                | bankrupto<br>and 3571 | cy case can result in fines սլ       | nt, concealing property, or obtaining mone<br>p to \$250,000, or imprisonment for up to 20 | y or property by fraud in connection with a 0 years, or both. 18 U.S.C. §§ 152, 1341, 1519, |
|      |                                                                |                       | ecia S. Thomas                       | Cianatura of Dah                                                                           | otor 2                                                                                      |
|      |                                                                |                       | a <b>S. Thomas</b><br>e of Debtor 1  | Signature of Deb                                                                           | JUI Z                                                                                       |
|      |                                                                | Executed              | I on January 28, 2019                | Executed on                                                                                |                                                                                             |
|      |                                                                |                       | MM / DD / YYYY                       |                                                                                            | MM / DD / YYYY                                                                              |
|      |                                                                |                       |                                      |                                                                                            |                                                                                             |

| Debtor 1 Temecia S. Thom                                                           | as                                                                                             | Cas                           | se number (if known)                                                                                                                                      |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                    |                                                                                                |                               |                                                                                                                                                           |
| For your attorney, if you are represented by one                                   | under Chapter 7, 11, 12, or 13 of title 11, Unite                                              | ed States Code, and have e    | informed the debtor(s) about eligibility to proceed explained the relief available under each chapter debtor(s) the notice required by 11 U.S.C. § 342(b) |
| f you are not represented by<br>an attorney, you do not need<br>to file this page. | and, in a case in which § 707(b)(4)(D) applies schedules filed with the petition is incorrect. | , certify that I have no know | vledge after an inquiry that the information in the                                                                                                       |
|                                                                                    | /s/ George Babakitis                                                                           | Date                          | January 28, 2019                                                                                                                                          |
|                                                                                    | Signature of Attorney for Debtor                                                               |                               | MM / DD / YYYY                                                                                                                                            |
|                                                                                    | George Babakitis BAB001                                                                        |                               |                                                                                                                                                           |
|                                                                                    | Printed name                                                                                   |                               |                                                                                                                                                           |
|                                                                                    | George Babakitis                                                                               |                               |                                                                                                                                                           |
|                                                                                    | Firm name                                                                                      |                               |                                                                                                                                                           |
|                                                                                    | 2031 2nd Avenue N Birmingham, AL 35203  Number, Street, City, State & ZIP Code                 |                               |                                                                                                                                                           |

Email address

gbabakitis@aol.com

Contact phone (205) 422-4591

BAB001 AL Bar number & State

Official Form Case 19-00356-TOM Petition feel not in page 7 Document Page 7 of 45

| Temecia S. Thomas First Name                                                              | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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| First Name                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| Yes                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| What kind of debt do you have?                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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                                                                                                                                                                                |
|                                                                                           | Cial Form 106Sum  Imary of Your Assets and complete and accurate as possible nation. Fill out all of your schedules original forms, you must fill out a new 1: Summarize Your Assets  Schedule A/B: Property (Official Form 1a. Copy line 55, Total real estate, from 1b. Copy line 62, Total personal proper 1c. Copy line 63, Total of all property of 1c. Copy line 63, Total of all property of 1c. Copy line 63, Total of all property of 1c. Copy the total you listed in Column 1c. Copy the total you listed in Column 1c. Copy the total claims from Part 1 (1c. Copy the total claims from Part 1 (1c. Copy the total claims from Part 2 (1c. Copy the total claims from Part 2 (1c. Copy your combined monthly income from 1c. Copy your combined monthly income from 1c. Schedule J: Your Expenses (Official Form 1c. Copy your monthly expenses from line 1c. Copy your monthly expenses from line 1c. Copy your monthly expenses from line 1c. Copy the form 1c. Copy your monthly expenses from line | Cial Form 106Sum  Immary of Your Assets and Liabilities ar  complete and accurate as possible. If two married people antion. Fill out all of your schedules first; then complete the original forms, you must fill out a new Summary and check  Summarize Your Assets  Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | cial Form 106Sum nmary of Your Assets and Liabilities and Certain Statistical Information complete and accurate as possible. If two married people are filing together, both are equally responsible for antion. Fill out all of your schedules first; then complete the information on this form, if you are filing amendoriginal forms, you must fill out a new Summary and check the box at the top of this page.  Summarize Your Assets  Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B. 1b. Copy line 62, Total personal property, from Schedule A/B. 1c. Copy line 63, Total of all property on Schedule A/B. 1c. Copy line 63, Total of all property on Schedule A/B.  Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D  Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F.  3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F.  Your total liabilities  Summarize Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I.  Answer These Questions for Administrative and Statistical Records  Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you are the form of the loby of the total cloth of the court with you are the form. | cial Form 106Sum nmary of Your Assets and Liabilities and Certain Statistical Information complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying the form of the file of |

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

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the court with your other schedules.

Best Case Bankruptcy

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

| \$<br>0.00 |
|------------|
| •          |

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|                                                                                                                              | Total claim |      |
|------------------------------------------------------------------------------------------------------------------------------|-------------|------|
| From Part 4 on Schedule E/F, copy the following:                                                                             |             |      |
| 9a. Domestic support obligations (Copy line 6a.)                                                                             | \$          | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)                                                    | \$          | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)                                          | \$          | 0.00 |
| 9d. Student loans. (Copy line 6f.)                                                                                           | \$          | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$          | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$         | 0.00 |
| 9g. <b>Total.</b> Add lines 9a through 9f.                                                                                   | \$          | 0.00 |

| Debto                  | or 1                                                                               | Temecia S. Thom                                                        | nas                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                     |                                                                                                                                                                                                                      |
|------------------------|------------------------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| epto                   | - 0                                                                                | First Name                                                             | Middle Name Last Name                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                     |                                                                                                                                                                                                                      |
| pous                   | or 2<br>e, if filing)                                                              | First Name                                                             | Middle Name Last Name                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                     |                                                                                                                                                                                                                      |
| nite                   | d States Ba                                                                        | ankruptcy Court for the:                                               | NORTHERN DISTRICT OF ALABAMA                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                     |                                                                                                                                                                                                                      |
|                        |                                                                                    | arma aproj. Coarrior ano:                                              |                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                     |                                                                                                                                                                                                                      |
| ase                    | number                                                                             |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                     | ☐ Check if this is a amended filing                                                                                                                                                                                  |
| ffi                    | cial Fo                                                                            | orm 106A/B                                                             |                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                     |                                                                                                                                                                                                                      |
| C                      | nedul                                                                              | le A/B: Prop                                                           | erty                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                     | 12/15                                                                                                                                                                                                                |
| ink it<br>form<br>nswe | fits best. I<br>ation. If mo<br>r every que                                        | Be as complete and accurate space is needed, attach stion.             | e items. List an asset only once. If an asset fits in more than on the as possible. If two married people are filing together, both a separate sheet to this form. On the top of any additional page.                                                                                                                                                                                      | are equally responsible for su                                                                                                                                                                                      | upplying correct                                                                                                                                                                                                     |
| art 1                  | Describe                                                                           | Each Residence, Building                                               | g, Land, or Other Real Estate You Own or Have an Interest In                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                     |                                                                                                                                                                                                                      |
| Do                     | ou own or                                                                          | have any legal or equitable                                            | e interest in any residence, building, land, or similar property?                                                                                                                                                                                                                                                                                                                          | •                                                                                                                                                                                                                   |                                                                                                                                                                                                                      |
| <b>I</b>               | lo. Go to Pa                                                                       | urt 2.                                                                 |                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                     |                                                                                                                                                                                                                      |
|                        | es. Where                                                                          | is the property?                                                       |                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                     |                                                                                                                                                                                                                      |
| art 2                  | Doscribo                                                                           | Your Vehicles                                                          |                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                     |                                                                                                                                                                                                                      |
| П                      | Jn                                                                                 | rucks, tractors, sport u                                               | illity vehicles, motorcycles                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                     |                                                                                                                                                                                                                      |
| □ I<br>■ \             | ⁄es                                                                                |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                            | Do not deduct secured c                                                                                                                                                                                             | laims or exemptions. Put                                                                                                                                                                                             |
| <b>•</b>               | es<br>Make:                                                                        | Ford Taurus                                                            | Who has an interest in the property? Check one                                                                                                                                                                                                                                                                                                                                             | the amount of any secure                                                                                                                                                                                            | ed claims on Schedule D:                                                                                                                                                                                             |
| <b>.</b>               | ⁄es                                                                                | Ford                                                                   |                                                                                                                                                                                                                                                                                                                                                                                            | the amount of any secure<br>Creditors Who Have Clas                                                                                                                                                                 | ed claims on Schedule D:<br>ims Secured by Property.                                                                                                                                                                 |
| <b>•</b>               | Make:  Model:  Year:  Approxima                                                    | Ford Taurus 1999 tte mileage:                                          | Who has an interest in the property? Check one  Debtor 1 only                                                                                                                                                                                                                                                                                                                              | the amount of any secure                                                                                                                                                                                            | ed claims on Schedule D:                                                                                                                                                                                             |
| _                      | Make: Model: Year:                                                                 | Ford Taurus 1999 tte mileage:                                          | Who has an interest in the property? Check one  □ Debtor 1 only □ Debtor 2 only                                                                                                                                                                                                                                                                                                            | the amount of any secure Creditors Who Have Cla.  Current value of the                                                                                                                                              | ed claims on Schedule D:<br>ims Secured by Property.  Current value of the                                                                                                                                           |
| <b>•</b>               | Make:  Model:  Year:  Approxima                                                    | Ford Taurus 1999 tte mileage:                                          | Who has an interest in the property? Check one  □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only                                                                                                                                                                                                                                                                               | the amount of any secure Creditors Who Have Cla.  Current value of the                                                                                                                                              | ed claims on Schedule D:<br>ims Secured by Property.  Current value of the                                                                                                                                           |
| 33.1                   | Make:  Model: Year: Approxima Other infor                                          | Ford Taurus 1999 tte mileage:                                          | Who has an interest in the property? Check one  □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this is community property (see instructions)  Who has an interest in the property? Check one                                                                                                                            | the amount of any secure Creditors Who Have Class Current value of the entire property?  \$900.00  Do not deduct secured of the amount of any secure                                                                | ed claims on Schedule D: ims Secured by Property.  Current value of the portion you own?  \$900.0  Itaims or exemptions. Put ed claims on Schedule D:                                                                |
| 33.1                   | Make: Model: Year: Approxima Other infor                                           | Ford Taurus 1999 tte mileage: mation:                                  | Who has an interest in the property? Check one  □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this is community property (see instructions)  Who has an interest in the property? Check one □ Debtor 1 only                                                                                                            | the amount of any secure Creditors Who Have Class Current value of the entire property?  \$900.00  Do not deduct secured of the amount of any secure Creditors Who Have Class                                       | ed claims on Schedule D: ims Secured by Property.  Current value of the portion you own?  \$900.00  laims or exemptions. Put ed claims on Schedule D: ims Secured by Property.                                       |
| 33.1                   | Make: Model: Year: Approxima Other infor  Make: Model: Year:                       | Ford Taurus 1999 ate mileage: mation:  Honda                           | Who has an interest in the property? Check one  □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this is community property (see instructions)  Who has an interest in the property? Check one                                                                                                                            | the amount of any secure Creditors Who Have Class Current value of the entire property?  \$900.00  Do not deduct secured of the amount of any secure                                                                | ed claims on Schedule D: ims Secured by Property.  Current value of the portion you own?  \$900.0                                                                                                                    |
| 33.1                   | Make: Model: Year: Approxima Other infor  Make: Model: Year: Approxima Other infor | Ford Taurus 1999 tte mileage: mation:  Honda 2005 tte mileage: mation: | Who has an interest in the property? Check one  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)  Who has an interest in the property? Check one Debtor 1 only Debtor 2 only                                                                                                         | the amount of any secure Creditors Who Have Class Current value of the entire property?  \$900.00  Do not deduct secured of the amount of any secure Creditors Who Have Class Current value of the                  | ed claims on Schedule D: ims Secured by Property.  Current value of the portion you own?  \$900.0  laims or exemptions. Put ed claims on Schedule D: ims Secured by Property.  Current value of the                  |
| 33.1                   | Make: Model: Year: Approxima Other infor  Make: Model: Year: Approxima             | Ford Taurus 1999 tte mileage: mation:  Honda 2005 tte mileage: mation: | Who has an interest in the property? Check one  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)  Who has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only                                                                              | the amount of any secure Creditors Who Have Class Current value of the entire property?  \$900.00  Do not deduct secured of the amount of any secure Creditors Who Have Class Current value of the                  | ed claims on Schedule D: ims Secured by Property.  Current value of the portion you own?  \$900.0  laims or exemptions. Put ed claims on Schedule D: ims Secured by Property.  Current value of the                  |
| <b>•</b>               | Make: Model: Year: Approxima Other infor  Make: Model: Year: Approxima Other infor | Ford Taurus 1999 tte mileage: mation:  Honda 2005 tte mileage: mation: | Who has an interest in the property? Check one  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)  Who has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property | the amount of any secure Creditors Who Have Class Current value of the entire property?  \$900.00  Do not deduct secured of the amount of any secure Creditors Who Have Class Current value of the entire property? | ed claims on Schedule D: ims Secured by Property.  Current value of the portion you own?  \$900.0  laims or exemptions. Put ed claims on Schedule D: ims Secured by Property.  Current value of the portion you own? |

| Debtor 1 Temecia S. Thomas |                                                               |                                                                                       | Case number (                                         | Case number (if known) |                                                                                   |  |  |  |
|----------------------------|---------------------------------------------------------------|---------------------------------------------------------------------------------------|-------------------------------------------------------|------------------------|-----------------------------------------------------------------------------------|--|--|--|
| 5                          | Add the dollar valu                                           | e of the portion you own for all of your e                                            | entries from Part 2, including any entries fo         | or                     | \$1,400.00                                                                        |  |  |  |
|                            | pages you have att                                            | acned for Part 2. Write that number here                                              | <del>)</del>                                          | =>                     | Ψ1,700.00                                                                         |  |  |  |
| Pa                         | rt 3: Describe Your P                                         | ersonal and Household Items                                                           |                                                       |                        |                                                                                   |  |  |  |
|                            |                                                               | ny legal or equitable interest in any of th                                           | ne following items?                                   |                        | Current value of the portion you own? Do not deduct secured claims or exemptions. |  |  |  |
|                            | Household goods a  Examples: Major app  □ No  ■ Yes. Describe | oliances, furniture, linens, china, kitchenwa                                         | ure                                                   |                        | ·                                                                                 |  |  |  |
|                            |                                                               | Household Goods and Furnish                                                           | nings                                                 |                        | \$1,200.00                                                                        |  |  |  |
|                            |                                                               | cell phones, cameras, media players, gan                                              | gital equipment; computers, printers, scanners<br>nes | ; music collec         | ctions; electronic devices                                                        |  |  |  |
|                            |                                                               | and figurines; paintings, prints, or other art<br>lections, memorabilia, collectibles | twork; books, pictures, or other art objects; sta     | mp, coin, or l         | paseball card collections;                                                        |  |  |  |
|                            |                                                               | hotographic, exercise, and other hobby equinstruments                                 | uipment; bicycles, pool tables, golf clubs, skis;     | canoes and             | kayaks; carpentry tools;                                                          |  |  |  |
|                            | Firearms  Examples: Pistols,  ■ No  □ Yes. Describe           | rifles, shotguns, ammunition, and related e                                           | equipment                                             |                        |                                                                                   |  |  |  |
|                            | Clothes  Examples: Everyda  □ No  ■ Yes. Describe             | ly clothes, furs, leather coats, designer wea                                         | ar, shoes, accessories                                |                        |                                                                                   |  |  |  |
|                            |                                                               | Clothing                                                                              |                                                       |                        | \$400.00                                                                          |  |  |  |
|                            | Jewelry Examples: Everyda ■ No □ Yes. Describe                |                                                                                       | ngs, wedding rings, heirloom jewelry, watches         | , gems, gold,          | silver                                                                            |  |  |  |
|                            | Non-farm animals Examples: Dogs, ca ■ No □ Yes. Describe      |                                                                                       |                                                       |                        |                                                                                   |  |  |  |
|                            | Any other persona ■ No □ Yes. Give specific                   |                                                                                       | ndy list, including any health aids you did n         | ot list                |                                                                                   |  |  |  |

| De  | ebtor 1 Temeo                        | cia S. Thomas                                                         | Case number (if known                                                                                                                       | n)                                                                                |
|-----|--------------------------------------|-----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 15  |                                      | value of all of your entries from P<br>te that number here            | Part 3, including any entries for pages you have attached                                                                                   | \$1,600.00                                                                        |
| Pa  | ort 4: Describe You                  | ur Financial Assets                                                   |                                                                                                                                             |                                                                                   |
|     |                                      | e any legal or equitable interest in                                  | any of the following?                                                                                                                       | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 16. | ■ No                                 | ey you have in your wallet, in your ho                                | ome, in a safe deposit box, and on hand when you file your pet                                                                              | ition                                                                             |
| 17. |                                      |                                                                       | ounts; certificates of deposit; shares in credit unions, brokerages with the same institution, list each.                                   | e houses, and other similar                                                       |
|     | Yes                                  |                                                                       | Institution name:                                                                                                                           |                                                                                   |
|     |                                      | 17.1. Checking                                                        | Wells Fargo                                                                                                                                 | \$10.00                                                                           |
| 18. |                                      |                                                                       | okerage firms, money market accounts name:                                                                                                  |                                                                                   |
| 19. |                                      |                                                                       | orated and unincorporated businesses, including an inter                                                                                    | est in an LLC, partnership, and                                                   |
|     | ■ No                                 |                                                                       |                                                                                                                                             |                                                                                   |
|     | ☐ Yes. Give spe                      | ecific information about them<br>Name of entity:                      | % of ownership:                                                                                                                             |                                                                                   |
| 20. | Negotiable instr                     | ruments include personal checks, cas                                  | otiable and non-negotiable instruments Shiers' checks, promissory notes, and money orders. Ansfer to someone by signing or delivering them. |                                                                                   |
|     |                                      | cific information about them<br>Issuer name:                          |                                                                                                                                             |                                                                                   |
| 21. | Retirement or po                     |                                                                       | 403(b), thrift savings accounts, or other pension or profit-sharin                                                                          | g plans                                                                           |
|     | ■ No                                 |                                                                       |                                                                                                                                             |                                                                                   |
|     | ☐ Yes. List each                     | account separately.  Type of account:                                 | Institution name:                                                                                                                           |                                                                                   |
| 22. | Your share of all<br>Examples: Agree |                                                                       | that you may continue service or use from a company public utilities (electric, gas, water), telecommunications comp                        | anies, or others                                                                  |
|     | ■ No                                 |                                                                       | Inditivition name as individual.                                                                                                            |                                                                                   |
| 23. | Annuities (A cor                     |                                                                       | Institution name or individual: ey to you, either for life or for a number of years)                                                        |                                                                                   |
|     | ■ No                                 |                                                                       | • •                                                                                                                                         |                                                                                   |
|     | ☐ Yes                                | Issuer name and description.                                          |                                                                                                                                             |                                                                                   |
| 24. |                                      | ducation IRA, in an account in a q<br>(b)(1), 529A(b), and 529(b)(1). | ualified ABLE program, or under a qualified state tuition p                                                                                 | rogram.                                                                           |
|     | ■ No                                 | Institution name and description                                      | n. Separately file the records of any interests.11 U.S.C. § 521(                                                                            | c):                                                                               |

| D  | ebtor 1           | Temecia S. Thomas                                                                                                                                    | Case number (if known)                           |                                                                                   |
|----|-------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-----------------------------------------------------------------------------------|
| 25 | . Trusts,<br>■ No | equitable or future interests in property (other than anything list                                                                                  | ed in line 1), and rights or powers exercis      | sable for your benefit                                                            |
|    | ☐ Yes.            | Give specific information about them                                                                                                                 |                                                  |                                                                                   |
| 26 |                   | s, copyrights, trademarks, trade secrets, and other intellectual proles: Internet domain names, websites, proceeds from royalties and lic            |                                                  |                                                                                   |
|    |                   | Give specific information about them                                                                                                                 |                                                  |                                                                                   |
| 27 |                   | es, franchises, and other general intangibles  oles: Building permits, exclusive licenses, cooperative association hold                              | dings, liquor licenses, professional licenses    |                                                                                   |
|    |                   | Give specific information about them                                                                                                                 |                                                  |                                                                                   |
| M  | oney or I         | property owed to you?                                                                                                                                |                                                  | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28 | . Tax ref         | unds owed to you                                                                                                                                     |                                                  |                                                                                   |
|    | ■ No<br>□ Yes.    | Give specific information about them, including whether you already fi                                                                               | iled the returns and the tax years               |                                                                                   |
| 29 | ■ No              | support  oles: Past due or lump sum alimony, spousal support, child support, m  Give specific information                                            | aintenance, divorce settlement, property sett    | tlement                                                                           |
| 30 | Examp             | amounts someone owes you  bles: Unpaid wages, disability insurance payments, disability benefits, benefits; unpaid loans you made to someone else    | sick pay, vacation pay, workers' compensat       | ion, Social Security                                                              |
| 24 |                   | Give specific information  ts in insurance policies                                                                                                  |                                                  |                                                                                   |
| 31 |                   | is in insurance policies of les: Health, disability, or life insurance; health savings account (HSA)                                                 | ; credit, homeowner's, or renter's insurance     |                                                                                   |
|    | ☐ Yes.            | Name the insurance company of each policy and list its value.  Company name:                                                                         | Beneficiary:                                     | Surrender or refund value:                                                        |
| 32 | If you a          | terest in property that is due you from someone who has died are the beneficiary of a living trust, expect proceeds from a life insurar ne has died. | nce policy, or are currently entitled to receive | property because                                                                  |
|    | ☐ Yes.            | Give specific information                                                                                                                            |                                                  |                                                                                   |
| 33 |                   | against third parties, whether or not you have filed a lawsuit or roles: Accidents, employment disputes, insurance claims, or rights to su           |                                                  |                                                                                   |
|    |                   | Describe each claim                                                                                                                                  |                                                  |                                                                                   |
| 34 | . Other o         | contingent and unliquidated claims of every nature, including cou                                                                                    | unterclaims of the debtor and rights to set      | t off claims                                                                      |
|    | ☐ Yes.            | Describe each claim                                                                                                                                  |                                                  |                                                                                   |
| 35 | _ `               | ancial assets you did not already list                                                                                                               |                                                  |                                                                                   |
|    | ■ No<br>□ Yes.    | Give specific information                                                                                                                            |                                                  |                                                                                   |

| 1 Temecia S. Thomas                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Case number (if known)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ·                                                                                                                             | ng any entries for pag                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | es you have attached                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | \$10.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Describe Any Business-Related Property You Own or Have an Inter                                                               | rest In. List any real esta                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ite in Part 1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| you own or have any legal or equitable interest in any business-relat                                                         | ed property?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| o. Go to Part 6.                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| es. Go to line 38.                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Describe Any Farm- and Commercial Fishing-Related Property You lf you own or have an interest in farmland, list it in Part 1. | own or Have an Interes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | st In.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| you own or have any legal or equitable interest in any farm-                                                                  | or commercial fishir                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | g-related property?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| No. Go to Part 7.                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Yes. Go to line 47.                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Deceribe All Dranarty Voy Cure or House as Interest in That Vo                                                                | Did Nat List Above                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| tamples: Season tickets, country club membership                                                                              | ?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| dd the dollar value of all of your entries from Part 7. Write th                                                              | at number here                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | \$0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| List the Totals of Each Part of this Form                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| art 1: Total real estate, line 2                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | \$0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| art 2: Total vehicles, line 5                                                                                                 | \$1,400.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| art 3: Total personal and household items, line 15                                                                            | \$1,600.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| art 4: Total financial assets, line 36                                                                                        | \$10.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| art 5: Total business-related property, line 45                                                                               | \$0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| art 6: Total farm- and fishing-related property, line 52                                                                      | \$0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| art 7: Total other property not listed, line 54 +                                                                             | \$0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| otal personal property. Add lines 56 through 61                                                                               | \$3,010.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Copy personal property total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | \$3,010.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| otal of all property on Schedule A/B. Add line 55 + line 62                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | \$3,010.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                                                                                                               | Describe Any Business-Related Property You Own or Have an Interest in any business-related. Go to Part 6.  Business Any Farm- and Commercial Fishing-Related Property You If you own or have an interest in farmland, list it in Part 1.  Describe Any Farm- and Commercial Fishing-Related Property You If you own or have an interest in farmland, list it in Part 1.  Describe Any Farm- and Commercial Fishing-Related Property You If you own or have any legal or equitable interest in any farm-No. Go to Part 7.  Yes. Go to line 47.  Describe All Property You Own or Have an Interest in That You you have other property of any kind you did not already list examples: Season tickets, country club membership No Yes. Give specific information | Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest in Commercial Fishing-Related Property You Own or Have an Interest in Sec. Go to line 38.  Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest in June 11.  Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest in June 12.  Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest if you own or have any legal or equitable interest in any farm- or commercial fishing No. Go to Part 7.  Yes. Go to line 47.  Describe All Property You Own or Have an Interest in That You Did Not List Above anyou have other property of any kind you did not already list?  No. Go to Part 7.  Yes. Give specific information | Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.  Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.  Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.  Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1.  Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1.  Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have any legal or equitable interest in any farm- or commercial fishing-related property?  No. Go to Part 7.  I Yes. Go to line 47.  Describe All Property You Own or Have an Interest in That You Did Not List Above  Pour Name of the Property of any kind you did not already list?  **Ramples: Season tickets, country club membership  No.  Yes. Give specific information |

| Fill in this information to identify your case: |                 |                   |            |   |                       |  |  |
|-------------------------------------------------|-----------------|-------------------|------------|---|-----------------------|--|--|
| Debtor 1                                        | Temecia S. Thom | as                |            |   |                       |  |  |
|                                                 | First Name      | Middle Name       | Last Name  | _ |                       |  |  |
| Debtor 2                                        |                 |                   |            |   |                       |  |  |
| (Spouse if, filing)                             | First Name      | Middle Name       | Last Name  |   |                       |  |  |
| United States Bankruptcy Court for the:         |                 | NORTHERN DISTRICT | OF ALABAMA |   |                       |  |  |
| Case number                                     |                 |                   |            |   | ☐ Check if this is an |  |  |
|                                                 |                 |                   |            |   | amended filing        |  |  |

## Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

#### Part 1: Identify the Property You Claim as Exempt

| 1. | Which set of exemptions are     | vou claiming    | ? Check one only.       | even if v | vour spouse is filir | na with vo | )]]. |
|----|---------------------------------|-----------------|-------------------------|-----------|----------------------|------------|------|
| ٠. | William Set of exclinations and | you olullilling | · Officer office offig, | CVCIIII   | your spouse is iiii  | g will yo  | ·u.  |

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Drief description of the assessment and line as Comment value of the Assessment of t

| Schedule A/B that lists this property                       | portion you own                     | Am  | ount of the exemption you claim                                 | Specific laws that allow exemption |
|-------------------------------------------------------------|-------------------------------------|-----|-----------------------------------------------------------------|------------------------------------|
|                                                             | Copy the value from<br>Schedule A/B | Che | eck only one box for each exemption.                            |                                    |
| 1999 Ford Taurus Line from Schedule A/B: 3.1                | \$900.00                            |     | \$900.00                                                        | Ala. Code §§ 6-10-6, 6-10-12       |
| Line Hotti Schedule A/D. 3.1                                |                                     |     | 100% of fair market value, up to any applicable statutory limit |                                    |
| 2005 Honda<br>Not running.                                  | \$500.00                            |     | \$500.00                                                        | Ala. Code §§ 6-10-6, 6-10-12       |
| Line from Schedule A/B: 3.2                                 |                                     |     | 100% of fair market value, up to any applicable statutory limit |                                    |
| Household Goods and Furnishings Line from Schedule A/B: 6.1 | \$1,200.00                          |     | \$1,200.00                                                      | Ala. Code §§ 6-10-6, 6-10-12       |
| Line Holli Golleddie PAB. 9.1                               |                                     |     | 100% of fair market value, up to any applicable statutory limit |                                    |
| Clothing Line from Schedule A/B: 11.1                       | \$400.00                            |     | \$400.00                                                        | Ala. Code §§ 6-10-6, 6-10-126      |
| Line Holli Schedule PAB. 11.1                               |                                     |     | 100% of fair market value, up to any applicable statutory limit |                                    |
| Checking: Wells Fargo Line from Schedule A/B: 17.1          | \$10.00                             |     | \$10.00                                                         | Ala. Code §§ 6-10-6, 6-10-12       |
| Line nom Schedule A/B. 11.1                                 |                                     |     | 100% of fair market value, up to any applicable statutory limit |                                    |

Official Form 106C

Schedule C: The Property You Claim as Exempt

page 1 of 2

| Deb | tor 1 | Temecia S. Thomas                                                                                                                         | Case number (if known)         |  |
|-----|-------|-------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|--|
| 3.  | •     | ou claiming a homestead exemption of more than \$160,375? ect to adjustment on 4/01/19 and every 3 years after that for cases filed on or | after the date of adjustment.) |  |
|     | ■ No  | lo                                                                                                                                        |                                |  |
|     | □ Ye  | es. Did you acquire the property covered by the exemption within 1,215 days                                                               | s before you filed this case?  |  |
|     |       | □ No                                                                                                                                      |                                |  |
|     | Г     | 7 Yes                                                                                                                                     |                                |  |

| Fill in this infor                      | Fill in this information to identify your case: |                   |            |                                      |  |  |  |  |
|-----------------------------------------|-------------------------------------------------|-------------------|------------|--------------------------------------|--|--|--|--|
| Debtor 1                                | Temecia S. Thom                                 | ias               |            |                                      |  |  |  |  |
|                                         | First Name                                      | Middle Name       | Last Name  |                                      |  |  |  |  |
| Debtor 2                                |                                                 |                   |            |                                      |  |  |  |  |
| (Spouse if, filing)                     | First Name                                      | Middle Name       | Last Name  |                                      |  |  |  |  |
| United States Bankruptcy Court for the: |                                                 | NORTHERN DISTRICT | OF ALABAMA |                                      |  |  |  |  |
| Case number                             |                                                 |                   |            |                                      |  |  |  |  |
| (if known)                              |                                                 |                   |            | ☐ Check if this is an amended filing |  |  |  |  |

## Official Form 106D

## Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
  - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below.

| Fill in t                                          | this informa                                                    | ntion to identify your case                                                                                                     | :                                                                                                                    |                                                                                |                                                                                                                                                                                         |                                                |                                                                         |
|----------------------------------------------------|-----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------------|
| Debtor                                             | 1                                                               | Temecia S. Thomas                                                                                                               |                                                                                                                      |                                                                                |                                                                                                                                                                                         |                                                |                                                                         |
|                                                    |                                                                 | First Name                                                                                                                      | Middle Name                                                                                                          | Last Name                                                                      |                                                                                                                                                                                         |                                                |                                                                         |
| Debtor<br>(Spouse i                                |                                                                 | First Name                                                                                                                      | Middle Name                                                                                                          | Last Name                                                                      |                                                                                                                                                                                         |                                                |                                                                         |
|                                                    |                                                                 |                                                                                                                                 | ORTHERN DISTRICT C                                                                                                   |                                                                                |                                                                                                                                                                                         |                                                |                                                                         |
| Coco n                                             | umbor                                                           |                                                                                                                                 |                                                                                                                      |                                                                                |                                                                                                                                                                                         |                                                |                                                                         |
| (if known)                                         |                                                                 |                                                                                                                                 |                                                                                                                      |                                                                                |                                                                                                                                                                                         | □ Cl                                           | neck if this is an                                                      |
|                                                    |                                                                 |                                                                                                                                 |                                                                                                                      |                                                                                |                                                                                                                                                                                         | _<br>an                                        | nended filing                                                           |
| Sche<br>Be as co<br>any exec<br>Schedul<br>Schedul | omplete and a<br>cutory contra<br>e G: Executo<br>e D: Creditor | F: Creditors Who accurate as possible. Use Parets or unexpired leases that ry Contracts and Unexpired s Who Have Claims Secured | rt 1 for creditors with PRI<br>could result in a claim. A<br>Leases (Official Form 106<br>by Property. If more space | ORITY claims and lass list executory of G). Do not include the is needed, copy | Part 2 for creditors with NONPRI<br>contracts on Schedule A/B: Prop<br>any creditors with partially secution<br>the Part you need, fill it out, numedo not file that Part. On the top c | erty (Officia<br>red claims to<br>ber the enti | I Form 106A/B) and on<br>that are listed in<br>ries in the boxes on the |
|                                                    | d case numb                                                     | per (if known).  of Your PRIORITY Unsect                                                                                        |                                                                                                                      | to report in a rait,                                                           | to not me that I art. On the top t                                                                                                                                                      | n arry additi                                  | onai pages, write your                                                  |
|                                                    |                                                                 | have priority unsecured cla                                                                                                     |                                                                                                                      |                                                                                |                                                                                                                                                                                         |                                                |                                                                         |
|                                                    | No. Go to Par                                                   | t 2.                                                                                                                            |                                                                                                                      |                                                                                |                                                                                                                                                                                         |                                                |                                                                         |
|                                                    | Yes.                                                            |                                                                                                                                 |                                                                                                                      |                                                                                |                                                                                                                                                                                         |                                                |                                                                         |
| Part 2:                                            | List All                                                        | of Your NONPRIORITY U                                                                                                           | nsecured Claims                                                                                                      |                                                                                |                                                                                                                                                                                         |                                                |                                                                         |
| 3. Do                                              | any creditors                                                   | have nonpriority unsecured                                                                                                      | claims against you?                                                                                                  |                                                                                |                                                                                                                                                                                         |                                                |                                                                         |
|                                                    | No. You have                                                    | nothing to report in this part. S                                                                                               | ubmit this form to the court                                                                                         | t with your other sche                                                         | edules.                                                                                                                                                                                 |                                                |                                                                         |
|                                                    | Yes.                                                            |                                                                                                                                 |                                                                                                                      |                                                                                |                                                                                                                                                                                         |                                                |                                                                         |
| uns                                                | ecured claim,<br>n one creditor                                 | list the creditor separately for e                                                                                              | each claim. For each claim                                                                                           | listed, identify what t                                                        | holds each claim. If a creditor haype of claim it is. Do not list claims three nonpriority unsecured claim.                                                                             | already inclu                                  | uded in Part 1. If more                                                 |
|                                                    |                                                                 |                                                                                                                                 |                                                                                                                      |                                                                                |                                                                                                                                                                                         |                                                | Total claim                                                             |
| 4.1                                                | Acceptan                                                        | ice Now                                                                                                                         | Last 4 digits o                                                                                                      | f account number                                                               | 5833                                                                                                                                                                                    |                                                | \$3,724.00                                                              |
|                                                    | 5501 Hea                                                        | Creditor's Name dquarters Drive                                                                                                 | When was the                                                                                                         | debt incurred?                                                                 | 12/08/2012                                                                                                                                                                              |                                                |                                                                         |
|                                                    |                                                                 | et City State Zlp Code ed the debt? Check one.                                                                                  | As of the date                                                                                                       | you file, the claim                                                            | s: Check all that apply                                                                                                                                                                 |                                                |                                                                         |
|                                                    | Debtor 1                                                        |                                                                                                                                 | Пол                                                                                                                  |                                                                                |                                                                                                                                                                                         |                                                |                                                                         |
|                                                    | Debtor 1                                                        | •                                                                                                                               | ☐ Contingent☐ Unliquidate                                                                                            | لم                                                                             |                                                                                                                                                                                         |                                                |                                                                         |
|                                                    |                                                                 | and Debtor 2 only                                                                                                               | ☐ Disputed                                                                                                           | a                                                                              |                                                                                                                                                                                         |                                                |                                                                         |
|                                                    | _                                                               | one of the debtors and another                                                                                                  | '                                                                                                                    | RIORITY unsecure                                                               | d claim:                                                                                                                                                                                |                                                |                                                                         |
|                                                    |                                                                 | this claim is for a communi                                                                                                     | По                                                                                                                   |                                                                                |                                                                                                                                                                                         |                                                |                                                                         |
|                                                    | debt                                                            | subject to offset?                                                                                                              |                                                                                                                      |                                                                                | ration agreement or divorce that y                                                                                                                                                      | ou did not                                     |                                                                         |
|                                                    | No                                                              |                                                                                                                                 |                                                                                                                      | -                                                                              | g plans, and other similar debts                                                                                                                                                        |                                                |                                                                         |
|                                                    | ☐ Yes                                                           |                                                                                                                                 | Other. Spec                                                                                                          | cify Charged O                                                                 | ff Account                                                                                                                                                                              |                                                |                                                                         |

| Temecia S. Thomas                                                                          |                                                              | Case number (if known)                        |           |
|--------------------------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-----------|
| Alabama State Emp Credit Un                                                                | Last 4 digits of account number                              | 0699                                          | \$6,519.4 |
| Nonpriority Creditor's Name<br>c/o Richard C. Dean, Jr., Attorney<br>PO Box 1028           | When was the debt incurred?                                  | 04/17/2016                                    |           |
| Montgomery, AL 36101  Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim                           | is: Check all that apply                      |           |
| Debtor 1 only                                                                              | ☐ Contingent                                                 |                                               |           |
| ☐ Debtor 2 only                                                                            | ☐ Unliquidated                                               |                                               |           |
| ☐ Debtor 1 and Debtor 2 only                                                               | ☐ Disputed                                                   |                                               |           |
| ☐ At least one of the debtors and another                                                  | Type of NONPRIORITY unsecured                                | d claim:                                      |           |
| ☐ Check if this claim is for a community                                                   | ☐ Student loans                                              |                                               |           |
| debt Is the claim subject to offset?                                                       | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |           |
| ■ No                                                                                       | Debts to pension or profit-sharing                           | ng plans, and other similar debts             |           |
| Yes                                                                                        | Other. Specify Default Juc                                   | dgment                                        |           |
| America's First Federal Cr Un Nonpriority Creditor's Name                                  | Last 4 digits of account number                              | 1994                                          | \$1,407.4 |
| C/O Key, Greer, Frawley<br>2163 Pelham Parkway, SU 102                                     | When was the debt incurred?                                  | 06/19/2006                                    |           |
| Pelham, AL 35124  Number Street City State Zlp Code  Who incurred the debt? Check one.     | As of the date you file, the claim                           | is: Check all that apply                      |           |
| ■ Debtor 1 only                                                                            | ☐ Contingent                                                 |                                               |           |
| Debtor 2 only                                                                              | ☐ Unliquidated                                               |                                               |           |
| Debtor 1 and Debtor 2 only                                                                 | □ Disputed                                                   |                                               |           |
| ☐ At least one of the debtors and another                                                  | Type of NONPRIORITY unsecured                                | d claim:                                      |           |
| ☐ Check if this claim is for a community                                                   | ☐ Student loans                                              |                                               |           |
| debt Is the claim subject to offset?                                                       | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |           |
| ■ No                                                                                       | Debts to pension or profit-sharing                           | ng plans, and other similar debts             |           |
| □Yes                                                                                       | ■ Other. Specify Recorded I                                  | Lien - Revived 05/30/2018                     |           |
| First Premier Bank                                                                         | Last 4 digits of account number                              | 7760                                          | \$433.0   |
| Nonpriority Creditor's Name 601 S Minnesota Avenue Sioux Falls, SD 57104                   | When was the debt incurred?                                  | 12/13/2011                                    |           |
| Number Street City State Zlp Code Who incurred the debt? Check one.                        | As of the date you file, the claim                           | is: Check all that apply                      |           |
| Debtor 1 only                                                                              | ☐ Contingent                                                 |                                               |           |
| ☐ Debtor 2 only                                                                            | ☐ Unliquidated                                               |                                               |           |
| ☐ Debtor 1 and Debtor 2 only                                                               | ☐ Disputed                                                   |                                               |           |
| ☐ At least one of the debtors and another                                                  | Type of NONPRIORITY unsecure                                 | d claim:                                      |           |
| ☐ Check if this claim is for a community debt                                              |                                                              | aration agreement or divorce that you did not |           |
| Is the claim subject to offset?                                                            | report as priority claims                                    |                                               |           |
| ■ No                                                                                       | Debts to pension or profit-sharin                            | <del>-</del> '                                |           |
| Yes                                                                                        | Other. Specify Charged O                                     | ff Account                                    |           |

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Page 2 of 4

| Debtor 1 Temecia S. Thomas |                                      | S. Thomas                              | Case number (if known)                                                                                                                           |            |                                      |                           |  |
|----------------------------|--------------------------------------|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------------------------------|---------------------------|--|
| 4.5                        | Verizon Wir                          |                                        | Last 4 digits of account number                                                                                                                  | 5239       |                                      | \$2,480.00                |  |
|                            | PO Box 650                           | 0051                                   | When was the debt incurred?                                                                                                                      | 12/18      | 3/2016                               | _                         |  |
|                            | Dallas, TX 7                         | <b>75265</b> City State Zlp Code       | As of the data you file the plaim                                                                                                                | io. Chaal  | call that apply                      |                           |  |
|                            |                                      | the debt? Check one.                   | As of the date you file, the claim                                                                                                               | is: Check  | k all that apply                     |                           |  |
|                            | ■ Debtor 1 onl                       |                                        | ☐ Contingent                                                                                                                                     |            |                                      |                           |  |
|                            | ☐ Debtor 2 onl                       | ly                                     | ☐ Unliquidated                                                                                                                                   |            |                                      |                           |  |
|                            | Debtor 1 and                         | d Debtor 2 only                        | ☐ Disputed                                                                                                                                       |            |                                      |                           |  |
|                            | ☐ At least one                       | of the debtors and another             | Type of NONPRIORITY unsecure                                                                                                                     | d claim:   |                                      |                           |  |
|                            | ☐ Check if thi                       | s claim is for a community             | ☐ Student loans                                                                                                                                  |            |                                      |                           |  |
|                            | debt                                 | higgs to offact?                       |                                                                                                                                                  | aration ag | greement or divorce that you did not |                           |  |
|                            | No                                   | bject to offset?                       | report as priority claims  Debts to pension or profit-sharing                                                                                    | na nlane   | and other similar debts              |                           |  |
|                            | ■ No                                 |                                        |                                                                                                                                                  | •          |                                      |                           |  |
|                            | □ res                                |                                        | Other. Specify Collection                                                                                                                        | Accou      | III.                                 | -                         |  |
| 4.6                        | Worthingto<br>Nonpriority Cred       | n Co/Stonegate Apt.                    | Last 4 digits of account number                                                                                                                  | 1162       |                                      | \$5,845.20                |  |
|                            | c/o David J<br>1800 12th A           | . Chastain, Atty.<br>venue South       | When was the debt incurred?                                                                                                                      | 01/19      | 9/2010                               | -                         |  |
| -                          | Birminghan<br>Number Street          | <b>n, AL 35205</b> City State Zlp Code | As of the date you file, the claim                                                                                                               | is: Check  | c all that apply                     |                           |  |
|                            | Who incurred to                      | the debt? Check one.                   |                                                                                                                                                  |            |                                      |                           |  |
|                            | Debtor 1 on                          | ly                                     | ☐ Contingent                                                                                                                                     |            |                                      |                           |  |
|                            | Debtor 2 onl                         | ly                                     | ☐ Unliquidated                                                                                                                                   |            |                                      |                           |  |
|                            | Debtor 1 and                         | d Debtor 2 only                        | ☐ Disputed                                                                                                                                       |            |                                      |                           |  |
|                            | ☐ At least one                       | of the debtors and another             | Type of NONPRIORITY unsecure                                                                                                                     | d claim:   |                                      |                           |  |
|                            |                                      | s claim is for a community             | ☐ Student loans                                                                                                                                  |            |                                      |                           |  |
|                            | debt<br>Is the claim su              | bject to offset?                       | Obligations arising out of a separeport as priority claims                                                                                       | aration ag | greement or divorce that you did not |                           |  |
|                            | ■ No                                 | •                                      | Debts to pension or profit-sharing                                                                                                               | ng plans,  | and other similar debts              |                           |  |
|                            | ☐ Yes                                |                                        | Other. Specify Default Jud                                                                                                                       | dgment     | t                                    |                           |  |
|                            |                                      |                                        | · · · —                                                                                                                                          |            |                                      | -                         |  |
| Part 3:                    |                                      | s to Be Notified About a Debt          | •                                                                                                                                                |            |                                      |                           |  |
| is tryir<br>have n         | ng to collect fro<br>nore than one o | m you for a debt you owe to som        | out your bankruptcy, for a debt that<br>eone else, list the original creditor in<br>ou listed in Parts 1 or 2, list the add<br>submit this page. | n Parts 1  | or 2, then list the collection agenc | y here. Similarly, if you |  |
| Part 4:                    | Add the A                            | mounts for Each Type of Uns            | ecured Claim                                                                                                                                     |            |                                      |                           |  |
|                            | the amounts of<br>f unsecured cla    |                                        | s. This information is for statistical I                                                                                                         | eporting   | purposes only. 28 U.S.C. §159. Ad    | d the amounts for each    |  |
|                            |                                      | <b>.</b>                               |                                                                                                                                                  |            | Total Claim                          |                           |  |
| Т                          | 6a.<br>Fotal                         | Domestic support obligations           |                                                                                                                                                  | 6a.        | \$                                   | _                         |  |
| cla<br>from Pa             | aims<br>art 1 6b.                    | Taxes and certain other debts y        | ou owe the government                                                                                                                            | 6b.        | \$ 0.00                              |                           |  |
|                            | 6c.                                  | Claims for death or personal in        | <del>-</del>                                                                                                                                     | 6c.        | \$ 0.00                              | _                         |  |
|                            | 6d.                                  | Other. Add all other priority unsec    | ured claims. Write that amount here.                                                                                                             | 6d.        | \$ 0.00                              | <del>-</del>              |  |
|                            | 6e.                                  | Total Priority. Add lines 6a through   | gh 6d.                                                                                                                                           | 6e.        | \$0.00                               | _                         |  |
|                            |                                      |                                        |                                                                                                                                                  |            | T. (. ) (2) (                        |                           |  |
|                            | 6f.                                  | Student loans                          |                                                                                                                                                  | 6f.        | Total Claim \$ 0.00                  |                           |  |
|                            | otal                                 |                                        |                                                                                                                                                  |            |                                      | _                         |  |
| cla<br>from Pa             | aims<br>art 2 6g.                    | Obligations arising out of a sep       | aration agreement or divorce that                                                                                                                |            |                                      |                           |  |
|                            | 6h.                                  | you did not report as priority cla     |                                                                                                                                                  | 6g.<br>6h. | \$ 0.00<br>\$ 0.00                   | _                         |  |
|                            | OH.                                  | pents to bension or broug-stigit       | ng piano, and outer official debto                                                                                                               | OH.        | \$ 0.00                              |                           |  |

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Page 3 of 4

Debtor 1 Temecia S. Thomas

Case number (if known)

 Other. Add all other nonpriority unsecured claims. Write that amount here.

<sup>ii.</sup> \$ 20,409.08

6j. Total Nonpriority. Add lines 6f through 6i.

6j. \$ **20,409.08** 

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

| Fill in this infor  | rmation to identify your | case:             |            |                                      |
|---------------------|--------------------------|-------------------|------------|--------------------------------------|
| Debtor 1            | Temecia S. Thom          | nas               |            |                                      |
|                     | First Name               | Middle Name       | Last Name  |                                      |
| Debtor 2            |                          |                   |            |                                      |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name  |                                      |
| United States B     | ankruptcy Court for the: | NORTHERN DISTRICT | OF ALABAMA |                                      |
| Case number         |                          |                   |            |                                      |
| (if known)          |                          |                   |            | ☐ Check if this is an amended filing |

## Official Form 106G

## **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| Number   Street   Street   ZIP Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     | Person or | r company with<br>Name, Numbe | whom you have the | contract or lease | State what the contract or lease is for |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-------------------------------|-------------------|-------------------|-----------------------------------------|
| Number         Street           City         State         ZIP Code           2.2         Name         Number         Street           City         State         ZIP Code           2.3         Name         City         State         ZIP Code           2.4         Name         Number         Street           City         State         ZIP Code           2.5         Name         Number         Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2.1 |           |                               |                   |                   |                                         |
| City         State         ZIP Code           2.2         Name         Number         Street           City         State         ZIP Code           2.3         Name         City         State         ZIP Code           2.4         Name         Number         Street           City         State         ZIP Code           2.5         Name         Number         Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     | Name      |                               |                   |                   | _                                       |
| Number   Street   State   ZIP Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     | Number    | Street                        |                   |                   |                                         |
| Number Street  City State ZIP Code  2.3  Name  Number Street  City State ZIP Code  2.4  Name  Number Street  City State ZIP Code  2.5  Name  Number Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |     | City      |                               | State             | ZIP Code          | <u> </u>                                |
| Number         Street           City         State         ZIP Code           2.3         Name         Number         Street           City         State         ZIP Code           2.4         Name         Number         Street           City         State         ZIP Code           2.5         Name         Number         Street           Number         Street         Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 2.2 |           |                               |                   |                   |                                         |
| City         State         ZIP Code           2.3         Name         Number         Street           City         State         ZIP Code           2.4         Name         Number         Street           City         State         ZIP Code           2.5         Name         Number         Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |     | Name      |                               |                   |                   |                                         |
| 2.3   Name   Number   Street   State   ZIP Code    2.4   Name   Number   Street   State   ZIP Code    2.5   Name   Name   Street   State   ZIP Code    2.5   Name   Name   Street   Street   State   ZIP Code    2.6   Name   Street   Street |     | Number    | Street                        |                   |                   |                                         |
| 2.3   Name   Number   Street   State   ZIP Code    2.4   Name   Number   Street   State   ZIP Code    2.5   Name   Name   Street   State   ZIP Code    2.5   Name   Name   Street   Street   State   ZIP Code    2.6   Name   Street   Street |     | City      |                               | State             | 7ID Codo          | <u> </u>                                |
| Number Street  City State ZIP Code  2.4  Name  Number Street  City State ZIP Code  2.5  Name  Number Street  Street  Number Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 2.3 | City      |                               | State             | ZIF Code          |                                         |
| City         State         ZIP Code           2.4         Name         Number         Street           City         State         ZIP Code           2.5         Name         Number         Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     | Name      |                               |                   |                   | _                                       |
| 2.4   Name   Number   Street   State   ZIP Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     | Number    | Street                        |                   |                   |                                         |
| 2.4   Name   Number   Street   State   ZIP Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     | City      |                               | State             | ZIP Code          | <u> </u>                                |
| Number Street  City State ZIP Code  2.5  Name  Number Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 2.4 |           |                               |                   |                   |                                         |
| City         State         ZIP Code           2.5         Name           Number         Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |     | Name      |                               |                   |                   | _                                       |
| 2.5 Name Number Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     | Number    | Street                        |                   |                   |                                         |
| 2.5 Name Number Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     | City      |                               | State             | ZIP Code          | <u> </u>                                |
| Number Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 2.5 |           |                               |                   |                   |                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     | Name      |                               |                   |                   | _                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     | Number    | Stroot                        |                   |                   | _                                       |
| City State ZIP Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |           | Succi                         |                   |                   |                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     | City      |                               | State             | ZIP Code          | <del>_</del>                            |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

Page 1 of 1

| Fill in this            | information to identify your                                       | caso:                         |                         |                                         |                                                                                                                 |
|-------------------------|--------------------------------------------------------------------|-------------------------------|-------------------------|-----------------------------------------|-----------------------------------------------------------------------------------------------------------------|
|                         |                                                                    |                               |                         |                                         |                                                                                                                 |
| Debtor 1                | Temecia S. Thon                                                    | Middle Name                   | Last Name               |                                         |                                                                                                                 |
| Debtor 2                | . not reame                                                        | mado name                     | 240(1141116             |                                         |                                                                                                                 |
| (Spouse if, filin       | g) First Name                                                      | Middle Name                   | Last Name               |                                         |                                                                                                                 |
| United Stat             | tes Bankruptcy Court for the:                                      | NORTHERN DISTRICT             | OF ALABAMA              |                                         |                                                                                                                 |
| Case numb<br>(if known) | per                                                                |                               |                         |                                         | ☐ Check if this is an amended filing                                                                            |
| Official                | Form 106H                                                          |                               |                         |                                         |                                                                                                                 |
|                         | ule H: Your Cod                                                    | ebtors                        |                         |                                         | 12/15                                                                                                           |
| our name                | and case number (if known you have any codebtors? (if              | ). Answer every question      |                         |                                         | p of any Additional Pages, write                                                                                |
| ■ No<br>□ Yes           |                                                                    |                               |                         |                                         |                                                                                                                 |
|                         | nin the last 8 years, have yo<br>a, California, Idaho, Louisiana   |                               |                         |                                         | ty states and territories include                                                                               |
|                         | Go to line 3.  Did your spouse, former spo                         | use, or legal equivalent live | e with you at the time? |                                         |                                                                                                                 |
| in line<br>Form 1       | 2 again as a codebtor only                                         | if that person is a guaran    | tor or cosigner. Make   | sure you have listed t                  | g with you. List the person shown<br>he creditor on Schedule D (Official<br>Schedule E/F, or Schedule G to fill |
|                         | Column 1: Your codebtor<br>Name, Number, Street, City, State and Z | IP Code                       |                         | Column 2: The cre<br>Check all schedule | editor to whom you owe the debt es that apply:                                                                  |
| 3.1                     |                                                                    |                               |                         | ☐ Schedule D, lir                       | ne                                                                                                              |
|                         | Name                                                               |                               |                         | ☐ Schedule E/F,                         |                                                                                                                 |
|                         |                                                                    |                               |                         | ☐ Schedule G, lir                       |                                                                                                                 |
| 1                       | Number Street                                                      |                               |                         | <u> </u>                                |                                                                                                                 |
| (                       | City                                                               | State                         | ZIP Code                |                                         |                                                                                                                 |
| 3.2                     |                                                                    |                               |                         | ☐ Schedule D, lir                       | ne                                                                                                              |
|                         | Name                                                               |                               |                         | ☐ Schedule E/F,                         |                                                                                                                 |
|                         |                                                                    |                               |                         | ☐ Schedule G, lir                       |                                                                                                                 |
| 1                       | Number Street                                                      |                               |                         | _                                       |                                                                                                                 |
| (                       | City                                                               | State                         | ZIP Code                |                                         |                                                                                                                 |

Schedule H: Your Codebtors

| Fill               | in this information to identify your c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ase:                       |                                            |              |                | ļ                          |                     |                         |                                  |                 |
|--------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------------------------------------|--------------|----------------|----------------------------|---------------------|-------------------------|----------------------------------|-----------------|
| De                 | btor 1 Temecia S.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Thomas                     |                                            |              | _              |                            |                     |                         |                                  |                 |
| 1 -                | btor 2<br>ouse, if filing)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                            |                                            |              | _              |                            |                     |                         |                                  |                 |
| Un                 | ited States Bankruptcy Court for the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | : NORTHERN DISTRIC         | CT OF ALABAMA                              |              | _              |                            |                     |                         |                                  |                 |
|                    | se number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                            | _                                          |              |                | Check if                   | this is:            |                         |                                  |                 |
| (If k              | nown)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                            |                                            |              |                | ☐ An a                     |                     | J                       |                                  |                 |
|                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            |                                            |              |                |                            |                     |                         | g postpetition<br>ollowing date: |                 |
| 0                  | fficial Form 106I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                            |                                            |              |                | MM                         | / DD/ Y             | YYY                     | -                                |                 |
| S                  | chedule I: Your Inc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ome                        |                                            |              |                | IVIIVI                     | , , ,               |                         |                                  | 12/15           |
| sup<br>spo<br>atta | as complete and accurate as pos-<br>plying correct information. If you<br>use. If you are separated and you<br>ach a separate sheet to this form.  The second is the second in the second in the second is the second in the | are married and not fili   | ng jointly, and your ith you, do not inclu | spouse i     | is liv<br>mati | ing with yo<br>on about yo | u, inclu<br>our spo | ide inforr<br>use. If m | nation about<br>ore space is     | your<br>needed, |
|                    | Fill in your employment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            |                                            |              |                |                            |                     |                         |                                  |                 |
| 1.                 | information.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                            | Debtor 1                                   |              |                | De                         | ebtor 2             | or non-fi               | iling spouse                     |                 |
|                    | If you have more than one job, attach a separate page with                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Employment status          | ☐ Employed                                 |              |                |                            | ] Emplo             | yed                     |                                  |                 |
|                    | information about additional                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ,,                         | ■ Not employed                             |              |                |                            | Not en              | nployed                 |                                  |                 |
|                    | employers.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Occupation                 |                                            |              |                |                            |                     |                         |                                  |                 |
|                    | Include part-time, seasonal, or self-employed work.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Employer's name            |                                            |              |                |                            |                     |                         |                                  |                 |
|                    | Occupation may include student or homemaker, if it applies.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Employer's address         |                                            |              |                |                            |                     |                         |                                  |                 |
|                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | How long employed t        | here?                                      |              |                |                            | _                   |                         |                                  |                 |
| Pa                 | rt 2: Give Details About Mor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | nthly Income               |                                            |              |                |                            |                     |                         |                                  |                 |
|                    | imate monthly income as of the duse unless you are separated.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ate you file this form. If | you have nothing to r                      | eport for    | any            | line, write \$0            | ) in the            | space. Ind              | clude your noi                   | n-filing        |
|                    | ou or your non-filing spouse have more space, attach a separate sheet to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            | ombine the informatio                      | on for all e | empl           | oyers for tha              | at persor           | n on the li             | nes below. If                    | you need        |
|                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            |                                            |              |                | For Debto                  | r 1                 |                         | btor 2 or<br>ing spouse          |                 |
| 2.                 | List monthly gross wages, sala deductions). If not paid monthly,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                            |                                            | 2.           | \$             |                            | 0.00                | \$                      | N/A                              |                 |
| 3.                 | Estimate and list monthly overt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ime pay.                   |                                            | 3.           | +\$            |                            | 0.00                | +\$                     | N/A                              |                 |
| 4.                 | Calculate gross Income. Add lin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ne 2 + line 3.             |                                            | 4.           | \$             | 0.                         | 00                  | \$                      | N/A                              |                 |

|     |                            |                                                                                                                                                                                                                                                                                 |      |     | For I | Debtor 1 |      |           | r Debtor<br>n-filing s |                    |      |
|-----|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----|-------|----------|------|-----------|------------------------|--------------------|------|
|     | Copy                       | y line 4 here                                                                                                                                                                                                                                                                   | 4.   |     | \$    |          | 0.00 | \$        | ii iiiiig c            | N/A                |      |
|     |                            |                                                                                                                                                                                                                                                                                 |      |     |       |          |      | -         |                        |                    |      |
| 5.  | List                       | all payroll deductions:                                                                                                                                                                                                                                                         |      |     |       |          |      |           |                        |                    |      |
|     | 5a.                        | Tax, Medicare, and Social Security deductions                                                                                                                                                                                                                                   | 5a.  |     | \$    | (        | 0.00 | \$        |                        | N/A                |      |
|     | 5b.                        | Mandatory contributions for retirement plans                                                                                                                                                                                                                                    | 5b.  |     | \$    |          | 0.00 | \$        |                        | N/A                |      |
|     | 5c.                        | Voluntary contributions for retirement plans                                                                                                                                                                                                                                    | 5c.  |     | \$    | (        | 0.00 | \$        |                        | N/A                |      |
|     | 5d.                        | Required repayments of retirement fund loans                                                                                                                                                                                                                                    | 5d.  |     | \$    |          | 0.00 | \$        |                        | N/A                |      |
|     | 5e.                        | Insurance                                                                                                                                                                                                                                                                       | 5e.  |     | \$    |          | 0.00 | \$        |                        | N/A                |      |
|     | 5f.                        | Domestic support obligations                                                                                                                                                                                                                                                    | 5f.  |     | \$    | (        | 0.00 | \$_       |                        | N/A                |      |
|     | 5g.                        | Union dues                                                                                                                                                                                                                                                                      | 5g.  |     | \$    | (        | 0.00 | \$_       |                        | N/A                |      |
|     | 5h.                        | Other deductions. Specify:                                                                                                                                                                                                                                                      | 5h.  | .+  | \$    | -        | 0.00 | + \$_     |                        | N/A                |      |
| 6.  | Add                        | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.                                                                                                                                                                                                                      | 6.   |     | \$    |          | 0.00 | \$_       |                        | N/A                |      |
| 7.  | Calc                       | ulate total monthly take-home pay. Subtract line 6 from line 4.                                                                                                                                                                                                                 | 7.   |     | \$    | (        | 0.00 | \$        |                        | N/A                |      |
| 8.  | List a<br>8a.              | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a.  |     | \$    |          | 0.00 | \$        |                        | N/A                |      |
|     | 8b.                        | Interest and dividends                                                                                                                                                                                                                                                          | 8b.  |     | \$    |          | 0.00 | \$        |                        | N/A                |      |
|     | 8c.                        | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce                                                                                                                   |      |     | Φ.    |          |      | ф.        |                        |                    |      |
|     | 04                         | settlement, and property settlement.                                                                                                                                                                                                                                            | 8c.  |     | \$    |          | 0.00 | \$_<br>\$ |                        | N/A                |      |
|     | 8d.                        | Unemployment compensation                                                                                                                                                                                                                                                       | 8d.  |     | · —   |          | 0.00 | · -       |                        | N/A                |      |
|     | 8e.<br>8f.                 | Social Security                                                                                                                                                                                                                                                                 | 8e.  | •   | \$    |          | 0.00 | \$_       |                        | N/A                |      |
|     | Oi.                        | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:         | 8f.  |     | \$    |          | 0.00 | \$_       |                        | N/A                |      |
|     | 8g.                        | Pension or retirement income                                                                                                                                                                                                                                                    | 8g.  |     | \$    |          | 0.00 | \$_       |                        | N/A                |      |
|     | 8h.                        | Other monthly income. Specify:                                                                                                                                                                                                                                                  | 8h.  | .+  | \$    |          | 0.00 | + \$_     |                        | N/A                |      |
| 9.  | Add                        | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.                                                                                                                                                                                                                            | 9.   | 9   | \$    | ı        | 0.00 | \$_       |                        | N/A                |      |
| 10. | Calc                       | ulate monthly income. Add line 7 + line 9.                                                                                                                                                                                                                                      | 10.  | \$  |       | 0.00     | + \$ |           | N/A                    | = \$               | 0.00 |
|     |                            | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.                                                                                                                                                                                                          |      | Ť – |       | 0.00     | *    |           | 14//                   |                    | 0.00 |
| 11. | State<br>Included<br>other | e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your friends or relatives.  ot include any amounts already included in lines 2-10 or amounts that are not                    | depe |     |       |          |      |           | Schedule               | e <i>J.</i><br>+\$ | 0.00 |
| 12. |                            | the amount in the last column of line 10 to the amount in line 11. The resent that amount on the Summary of Schedules and Statistical Summary of Certales                                                                                                                       |      |     |       |          |      |           | e.<br>12.              | \$                 | 0.00 |
| 13  | Do v                       | ou expect an increase or decrease within the year after you file this form                                                                                                                                                                                                      | ?    |     |       |          |      |           |                        | Combine monthly i  |      |
| 10. | <b>■</b>                   | No.  Yes. Explain:                                                                                                                                                                                                                                                              | •    |     |       |          |      |           |                        |                    |      |

Official Form 106I Schedule I: Your Income page 2

| Fill              | in this informat                                  | tion to identify y                                   | our case:                              |                                                             |                                        |             |                 |                                                      |
|-------------------|---------------------------------------------------|------------------------------------------------------|----------------------------------------|-------------------------------------------------------------|----------------------------------------|-------------|-----------------|------------------------------------------------------|
| Deb               | otor 1                                            | Temecia S.                                           | Thomas                                 |                                                             |                                        | Ch          | eck if this is: |                                                      |
| Dob               | otor 2                                            |                                                      |                                        |                                                             |                                        |             | •               | •                                                    |
|                   | ouse, if filing)                                  |                                                      |                                        |                                                             |                                        |             |                 | owing postpetition chapter of the following date:    |
| Unit              | ed States Bankr                                   | uptcy Court for the                                  | : NORTH                                | IERN DISTRICT OF ALAB                                       | BAMA                                   |             | MM / DD / YYYY  |                                                      |
| Cas               | e number                                          |                                                      |                                        |                                                             |                                        |             |                 |                                                      |
| (If k             | nown)                                             |                                                      |                                        |                                                             |                                        |             |                 |                                                      |
| Of                | fficial Fo                                        | rm 106J                                              |                                        |                                                             |                                        |             |                 |                                                      |
| S                 | chedule                                           | J: Your                                              | Exper                                  | ses                                                         |                                        |             |                 | 12/15                                                |
| Be<br>info<br>nur | as complete a<br>ormation. If me<br>mber (if know | and accurate as<br>ore space is ne<br>n). Answer eve | s possible<br>eded, atta<br>ry questio | . If two married people ar<br>ch another sheet to this      |                                        |             |                 |                                                      |
| Par<br>1.         | t 1: Descri                                       | ibe Your House                                       | ehold                                  |                                                             |                                        |             |                 |                                                      |
| ••                | No. Go to                                         |                                                      |                                        |                                                             |                                        |             |                 |                                                      |
|                   | _                                                 |                                                      | in a separ                             | ate household?                                              |                                        |             |                 |                                                      |
|                   |                                                   |                                                      |                                        |                                                             |                                        |             |                 |                                                      |
|                   | □ Ye                                              | es. Debtor 2 mu                                      | st file Offici                         | al Form 106J-2, <i>Expenses</i>                             | for Separate House                     | ehold of De | ebtor 2.        |                                                      |
| 2.                | Do you have                                       | e dependents?                                        | ☐ No                                   |                                                             |                                        |             |                 |                                                      |
|                   | Do not list De Debtor 2.                          | ebtor 1 and                                          | ■ Yes.                                 | Fill out this information for each dependent                | Dependent's relat<br>Debtor 1 or Debto |             | Dependent's age | Does dependent live with you?                        |
|                   | Do not state                                      | the                                                  |                                        |                                                             |                                        |             |                 | □ No                                                 |
|                   | dependents i                                      | names.                                               |                                        |                                                             | Daughter                               |             | 5               | ■ Yes                                                |
|                   |                                                   |                                                      |                                        |                                                             | Daughter                               |             | 13              | □ No<br>■ Yes                                        |
|                   |                                                   |                                                      |                                        |                                                             |                                        |             |                 | _ □ No                                               |
|                   |                                                   |                                                      |                                        |                                                             | Daughter                               |             | 15              | ■ Yes                                                |
|                   |                                                   |                                                      |                                        |                                                             | Doughton                               |             | 40              | □ No                                                 |
| 3.                | Do your exp                                       | enses include                                        | _                                      |                                                             | Daughter                               |             | 19              | ■ Yes                                                |
| 0.                | expenses of                                       | people other to<br>your depende                      | than $_{\square}$                      | No<br>Yes                                                   |                                        |             |                 |                                                      |
| Par               |                                                   | ate Your Ongoi                                       |                                        |                                                             |                                        |             |                 |                                                      |
| exp               |                                                   |                                                      |                                        | uptcy filing date unless y<br>y is filed. If this is a supp |                                        |             |                 | napter 13 case to report of the form and fill in the |
| • • •             |                                                   | a naid for with                                      | non ooch                               | government accistones i                                     | f you know                             |             |                 |                                                      |
| the               |                                                   | n assistance an                                      |                                        | government assistance i<br>luded it on <i>Schedule I:</i> \ |                                        |             | Your ex         | penses                                               |
| 1                 | The rental a                                      | r homo owner                                         | hin ovne                               | eae for your residence                                      | noludo firet mertes a                  |             |                 |                                                      |
| 4.                |                                                   | d any rent for th                                    |                                        | ses for your residence. I<br>ir lot.                        | nciude ilisi mortgag                   | 4.          | \$              | 0.00                                                 |
|                   | If not includ                                     | ed in line 4:                                        |                                        |                                                             |                                        |             |                 |                                                      |
|                   | 4a. Real e                                        | state taxes                                          |                                        |                                                             |                                        | 4a.         | \$              | 0.00                                                 |
|                   | •                                                 | rty, homeowner'                                      |                                        |                                                             |                                        | 4b.         | ·               | 0.00                                                 |
|                   |                                                   |                                                      | •                                      | ıpkeep expenses                                             |                                        | 4c.         |                 | 0.00                                                 |
| _                 |                                                   | owner's associa                                      |                                        | dominium dues                                               |                                        | 4d.         | \$<br>•         | 0.00                                                 |

Official Form 106J Schedule J: Your Expenses page 1

| Debtor '      | 1 Temed      | cia S. Thomas                                                                                                                                                                           | Case num | nber (if known)                         |                          |
|---------------|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------------------------------------|--------------------------|
| S. Uti        | ilities:     |                                                                                                                                                                                         |          |                                         |                          |
| 6a            |              | ity, heat, natural gas                                                                                                                                                                  | 6a.      | \$                                      | 0.00                     |
| 6b.           |              | sewer, garbage collection                                                                                                                                                               | 6b.      |                                         | 0.00                     |
| 6c.           |              | one, cell phone, Internet, satellite, and cable services                                                                                                                                | 6c.      | · · · · · · · · · · · · · · · · · · ·   | 50.00                    |
| 6d.           | •            | Specify:                                                                                                                                                                                | 6d.      | · · · · · · · · · · · · · · · · · · ·   | 0.00                     |
|               |              | usekeeping supplies                                                                                                                                                                     | 7.       | · · · — — — — — — — — — — — — — — — — — | 600.00                   |
|               |              | d children's education costs                                                                                                                                                            | 8.       | ·                                       | 0.00                     |
| _             |              | ndry, and dry cleaning                                                                                                                                                                  | 9.       |                                         | 0.00                     |
|               | -            | e products and services                                                                                                                                                                 | 10.      | *                                       | 80.00                    |
|               |              | dental expenses                                                                                                                                                                         | 11.      |                                         |                          |
|               |              | •                                                                                                                                                                                       | 11.      | Ψ                                       | 0.00                     |
|               |              | on. Include gas, maintenance, bus or train fare. e car payments.                                                                                                                        | 12.      | \$                                      | 200.00                   |
|               |              | nt, clubs, recreation, newspapers, magazines, and books                                                                                                                                 | 13.      |                                         | 0.00                     |
|               |              | ontributions and religious donations                                                                                                                                                    | 14.      |                                         | 0.00                     |
|               | surance.     | ontributions and religious donations                                                                                                                                                    | 14.      | Ψ                                       | 0.00                     |
|               |              | e insurance deducted from your pay or included in lines 4 or 20.                                                                                                                        |          |                                         |                          |
|               | a. Life ins  |                                                                                                                                                                                         | 15a.     | \$                                      | 0.00                     |
|               | b. Health    |                                                                                                                                                                                         | 15b.     | · · · · · · · · · · · · · · · · · · ·   | 0.00                     |
|               | c. Vehicle   |                                                                                                                                                                                         | 15b.     | · -                                     | 0.00                     |
|               |              | nsurance. Specify:                                                                                                                                                                      | 15d.     | · · ·                                   |                          |
|               |              |                                                                                                                                                                                         | 13u.     | Φ                                       | 0.00                     |
| _             |              | t include taxes deducted from your pay or included in lines 4 or 20.                                                                                                                    | 16.      | \$                                      | 0.00                     |
|               | ecify:       | v lace neverente.                                                                                                                                                                       |          | Ψ                                       | 0.00                     |
|               |              | or lease payments:<br>yments for Vehicle 1                                                                                                                                              | 17a.     | ¢                                       | 0.00                     |
|               |              |                                                                                                                                                                                         |          | · : ————                                |                          |
|               |              | yments for Vehicle 2                                                                                                                                                                    | 17b.     | ·                                       | 0.00                     |
|               | c. Other.    | • • •                                                                                                                                                                                   | 17c.     |                                         | 0.00                     |
|               | d. Other.    | · · ·                                                                                                                                                                                   | 17d.     | \$                                      | 0.00                     |
|               |              | nts of alimony, maintenance, and support that you did not report as                                                                                                                     | 18.      | \$                                      | 0.00                     |
|               |              | m your pay on line 5, Schedule I, Your Income (Official Form 106I).                                                                                                                     | 10.      | \$                                      |                          |
|               |              | ents you make to support others who do not live with you.                                                                                                                               | 40       | Ф                                       | 0.00                     |
|               | ecify:       | amentu avvanga pat ingludad in lines 4 au F at this forms as an Cale                                                                                                                    | 19.      |                                         |                          |
|               |              | operty expenses not included in lines 4 or 5 of this form or on Scheges on other property                                                                                               | 20a.     |                                         | 0.00                     |
|               | •            |                                                                                                                                                                                         |          |                                         | 0.00                     |
|               | b. Real es   |                                                                                                                                                                                         | 20b.     |                                         | 0.00                     |
|               |              | ty, homeowner's, or renter's insurance                                                                                                                                                  | 20c.     |                                         | 0.00                     |
|               |              | nance, repair, and upkeep expenses                                                                                                                                                      | 20d.     | ·                                       | 0.00                     |
|               |              | wner's association or condominium dues                                                                                                                                                  | 20e.     |                                         | 0.00                     |
| . Ot          | her: Specif  | y:                                                                                                                                                                                      | 21.      | +\$                                     | 0.00                     |
| ) Ca          | deulate ve   | ur monthly expenses                                                                                                                                                                     |          |                                         |                          |
|               | •            | s 4 through 21.                                                                                                                                                                         |          | · ·                                     | 020.00                   |
|               |              | 9                                                                                                                                                                                       |          | \$                                      | 930.00                   |
|               |              | e 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2                                                                                                                 |          | \$                                      |                          |
| 22            | c. Add line  | 22a and 22b. The result is your monthly expenses.                                                                                                                                       |          | \$                                      | 930.00                   |
| 3. <b>C</b> a | alculate voi | ur monthly net income.                                                                                                                                                                  |          |                                         |                          |
|               |              | ne 12 (your combined monthly income) from Schedule I.                                                                                                                                   | 23a.     | \$                                      | 0.00                     |
|               |              | our monthly expenses from line 22c above.                                                                                                                                               | 23b.     | · -                                     | 930.00                   |
| 20            | Сору у       | out money expended from the LEC above.                                                                                                                                                  | 200.     |                                         | 330.00                   |
| 23            | c. Subtrac   | ct your monthly expenses from your monthly income.                                                                                                                                      |          |                                         |                          |
| 20            |              | sult is your monthly net income.                                                                                                                                                        | 23c.     | \$                                      | -930.00                  |
| For           | you expe     | ct an increase or decrease in your expenses within the year after you on you expect to finish paying for your car loan within the year or do you expect you the terms of your mortgage? |          |                                         | or decrease because of a |
|               | No.          | y                                                                                                                                                                                       |          |                                         |                          |
|               |              | Evoluin horo:                                                                                                                                                                           |          |                                         |                          |
|               | Yes.         | Explain here:                                                                                                                                                                           |          |                                         |                          |

| -iii iii unis iinioi                                                                                                               | mation to identify you                                                                                                                                                                      | ir case:                                                                                                                         |                                                                                                                   |                                                                                                                                                                                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Debtor 1                                                                                                                           | Temecia S. Tho                                                                                                                                                                              |                                                                                                                                  |                                                                                                                   |                                                                                                                                                                                                                                                                 |
| Dahtan 0                                                                                                                           | First Name                                                                                                                                                                                  | Middle Name                                                                                                                      | Last Name                                                                                                         |                                                                                                                                                                                                                                                                 |
| Debtor 2 Spouse if, filing)                                                                                                        | First Name                                                                                                                                                                                  | Middle Name                                                                                                                      | Last Name                                                                                                         |                                                                                                                                                                                                                                                                 |
| Jnited States Ba                                                                                                                   | ankruptcy Court for the                                                                                                                                                                     | NORTHERN DISTRIC                                                                                                                 | T OF ALABAMA                                                                                                      |                                                                                                                                                                                                                                                                 |
|                                                                                                                                    |                                                                                                                                                                                             |                                                                                                                                  |                                                                                                                   |                                                                                                                                                                                                                                                                 |
| Case number if known)                                                                                                              |                                                                                                                                                                                             |                                                                                                                                  |                                                                                                                   | ☐ Check if this is an amended filing                                                                                                                                                                                                                            |
|                                                                                                                                    |                                                                                                                                                                                             |                                                                                                                                  | Debtor's Sch                                                                                                      |                                                                                                                                                                                                                                                                 |
| two married p<br>ou must file th<br>btaining mone                                                                                  | eople are filing togeth                                                                                                                                                                     | er, both are equally responding the bankruptcy schedule in connection with a bar                                                 | onsible for supplying corrects or amended schedules. M                                                            |                                                                                                                                                                                                                                                                 |
| two married p<br>ou must file th<br>btaining mone<br>ears, or both. 1                                                              | eople are filing togeth<br>is form whenever you<br>y or property by fraud                                                                                                                   | er, both are equally responding the bankruptcy schedule in connection with a bar                                                 | onsible for supplying corrects or amended schedules. M                                                            | et information.                                                                                                                                                                                                                                                 |
| two married pou must file the btaining mone ears, or both. 1                                                                       | eople are filing togeth<br>is form whenever you<br>y or property by fraud<br>18 U.S.C. §§ 152, 1341<br>In Below                                                                             | er, both are equally responding the bankruptcy schedule in connection with a band 1519, and 3571.                                | onsible for supplying corrects or amended schedules. M                                                            | et information.<br>laking a false statement, concealing property, or<br>ines up to \$250,000, or imprisonment for up to 20                                                                                                                                      |
| two married p<br>ou must file th<br>btaining mone<br>ears, or both. 1                                                              | eople are filing togeth<br>is form whenever you<br>y or property by fraud<br>18 U.S.C. §§ 152, 1341<br>In Below                                                                             | er, both are equally responding the bankruptcy schedule in connection with a band 1519, and 3571.                                | onsible for supplying corrects or amended schedules. Makruptcy case can result in f                               | et information.<br>laking a false statement, concealing property, or<br>ines up to \$250,000, or imprisonment for up to 20                                                                                                                                      |
| two married p fou must file th btaining mone ears, or both. 1 Sig Did you pa                                                       | eople are filing togeth<br>is form whenever you<br>y or property by fraud<br>18 U.S.C. §§ 152, 1341<br>In Below                                                                             | er, both are equally responding the bankruptcy schedule in connection with a band 1519, and 3571.                                | onsible for supplying corrects or amended schedules. Makruptcy case can result in f                               | et information.<br>laking a false statement, concealing property, or<br>ines up to \$250,000, or imprisonment for up to 20                                                                                                                                      |
| two married p ou must file th btaining mone ears, or both. 1  Sig  Did you pa  No  Yes.  Under pena                                | eople are filing togeth is form whenever you y or property by fraud 8 U.S.C. §§ 152, 1341 in Below ay or agree to pay son Name of person                                                    | er, both are equally responser, both are equally responsering the bankruptcy schedule in connection with a bank, 1519, and 3571. | onsible for supplying corrects or amended schedules. Makruptcy case can result in f                               | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)                                                                                                                                                                    |
| two married pour must file the btaining mone ears, or both. 1  Sig  Did you pa  No Yes.  Under penathat they are                   | eople are filing togeth is form whenever you y or property by fraud 8 U.S.C. §§ 152, 1341 In Below  Ay or agree to pay son  Name of person                                                  | er, both are equally responser, both are equally responsering the bankruptcy schedule in connection with a bank, 1519, and 3571. | onsible for supplying corrects or amended schedules. Makruptcy case can result in f                               | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)                                                                                                                                                                    |
| two married p fou must file th btaining mone ears, or both. 1  Sig  Did you pa  No  Yes.  Under pena that they ar  X /s/ Ter Temed | eople are filing togeth is form whenever you y or property by fraud 18 U.S.C. §§ 152, 1341 In Below  Ay or agree to pay son  Name of person  alty of perjury, I declar te true and correct. | er, both are equally responser, both are equally responsering the bankruptcy schedule in connection with a bank, 1519, and 3571. | onsible for supplying corrects or amended schedules. Makruptcy case can result in former to help you fill out ban | et information.  laking a false statement, concealing property, or ines up to \$250,000, or imprisonment for up to 20  ekruptcy forms?  Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)  with this declaration and |

Official Form 106Dec

**Declaration About an Individual Debtor's Schedules** 

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Best Case Bankruptcy

| Fill                | in this inforn             | nation to identify you                                       | r case:                                                   |                                                                                                       |                                            |                                                       |
|---------------------|----------------------------|--------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------------|
| De                  | btor 1                     | Temecia S. Tho                                               | mas                                                       |                                                                                                       |                                            |                                                       |
|                     |                            | First Name                                                   | Middle Name                                               | Last Name                                                                                             |                                            |                                                       |
| 1 -                 | btor 2<br>buse if, filing) | First Name                                                   | Middle Name                                               | Last Name                                                                                             |                                            |                                                       |
|                     |                            |                                                              |                                                           |                                                                                                       |                                            |                                                       |
| Uni                 | ited States Ba             | nkruptcy Court for the:                                      | NORTHERN DISTRICT                                         | OF ALABAMA                                                                                            |                                            |                                                       |
| 1                   | se number _                |                                                              |                                                           |                                                                                                       |                                            | Check if this is an amended filing                    |
| Sta<br>Be a<br>info | as complete a              | of Financial<br>and accurate as poss<br>fore space is needed | ible. If two married people<br>attach a separate sheet to | iduals Filing for E<br>are filing together, both are<br>to this form. On the top of an                | e equally responsible for s                |                                                       |
|                     | <u> </u>                   | n). Answer every que<br>Details About Your Ma                | stion.<br>arital Status and Where Yo                      | ou Lived Before                                                                                       |                                            |                                                       |
| 1.                  | What is you                | r current marital statu                                      | ıs?                                                       |                                                                                                       |                                            |                                                       |
|                     | ☐ Married                  |                                                              |                                                           |                                                                                                       |                                            |                                                       |
|                     | ■ Not mar                  |                                                              |                                                           |                                                                                                       |                                            |                                                       |
| 2.                  | During the la              | ast 3 years, have you                                        | lived anywhere other than                                 | n where you live now?                                                                                 |                                            |                                                       |
|                     | ■ No □ Yes. Lis            | st all of the places you                                     | lived in the last 3 years. Do                             | not include where you live nov                                                                        | v.                                         |                                                       |
|                     | Debtor 1 Pr                | ior Address:                                                 | Dates Debtor lived there                                  | 1 Debtor 2 Prior Ad                                                                                   | ddress:                                    | Dates Debtor 2<br>lived there                         |
| 3.<br>stat          |                            |                                                              |                                                           | egal equivalent in a commur<br>levada, New Mexico, Puerto R                                           |                                            |                                                       |
|                     | ■ No □ Yes. Ma             | ake sure you fill out Sc                                     | hedule H: Your Codebtors (                                | Official Form 106H).                                                                                  |                                            |                                                       |
| Pai                 | rt 2 Explai                | in the Sources of You                                        | ır Income                                                 |                                                                                                       |                                            |                                                       |
| 4.                  | Fill in the tota           | al amount of income yo                                       | ou received from all jobs and                             | ing a business during this y<br>I all businesses, including part<br>ive together, list it only once u | -time activities.                          | lendar years?                                         |
|                     | ■ No                       |                                                              |                                                           |                                                                                                       |                                            |                                                       |
|                     | ☐ Yes. Fill                | I in the details.                                            |                                                           |                                                                                                       |                                            |                                                       |
|                     |                            |                                                              | Debtor 1                                                  |                                                                                                       | Debtor 2                                   |                                                       |
|                     |                            |                                                              | Sources of income<br>Check all that apply.                | Gross income<br>(before deductions and<br>exclusions)                                                 | Sources of income<br>Check all that apply. | Gross income<br>(before deductions<br>and exclusions) |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| 5. | Include in<br>and other                  | come regard<br>public benef                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | less of wheth<br>it payments;                                                                                                                                                                        | er that inc<br>pensions;                                                                                          | ome is taxable. E<br>rental income; in                                                                                                                                                           | Examples of<br>terest; divid                                                                                                                                          | ends; money colle                                                                                                                                                       | ?<br>alimony; child supp<br>ected from lawsuits;<br>only once under De                                                                                | royalties; and                                                                | curity, unemployn<br>I gambling and lott             | nent,<br>tery |
|----|------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|------------------------------------------------------|---------------|
|    | List each                                | source and t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | he gross inco                                                                                                                                                                                        | me from e                                                                                                         | ach source sepa                                                                                                                                                                                  | rately. Do r                                                                                                                                                          | ot include income                                                                                                                                                       | that you listed in lin                                                                                                                                | e 4.                                                                          |                                                      |               |
|    | ■ No                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                      |                                                                                                                   |                                                                                                                                                                                                  |                                                                                                                                                                       |                                                                                                                                                                         |                                                                                                                                                       |                                                                               |                                                      |               |
|    | _                                        | Fill in the de                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | tails.                                                                                                                                                                                               |                                                                                                                   |                                                                                                                                                                                                  |                                                                                                                                                                       |                                                                                                                                                                         |                                                                                                                                                       |                                                                               |                                                      |               |
|    |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                      | Debtor 1                                                                                                          |                                                                                                                                                                                                  |                                                                                                                                                                       |                                                                                                                                                                         | Debtor 2                                                                                                                                              |                                                                               |                                                      |               |
|    |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                      |                                                                                                                   | of income                                                                                                                                                                                        | each                                                                                                                                                                  | s income from<br>source<br>e deductions and<br>sions)                                                                                                                   | Sources of inc<br>Describe below                                                                                                                      |                                                                               | Gross income<br>(before deduction<br>and exclusions) | ns            |
| Pa | rt 3: Lis                                | t Certain Pa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | yments You                                                                                                                                                                                           | Made Bef                                                                                                          | ore You Filed fo                                                                                                                                                                                 | or Bankrup                                                                                                                                                            | tcy                                                                                                                                                                     |                                                                                                                                                       |                                                                               |                                                      |               |
|    |                                          | individual properties of the individual prope | 90 days befo<br>Go to line 7<br>List below e<br>paid that cre<br>not include<br>to adjustment<br>or <b>Debtor 2 o</b><br>90 days befo<br>Go to line 7<br>List below e<br>include pay<br>attorney for | personal, re you filed cach credit editor. Do payments on 4/01/1 r both have re you filed each credit ments for o | family, or houseld for bankruptcy, or to whom you pnot include paym to an attorney for and every 3 ye and every 3 ye primarily cond for bankruptcy, or to whom you pdomestic support uptcy case. | did you pay<br>did you pay<br>did a total of<br>tents for doing<br>this bankriars after the<br>sumer debidid you pay<br>did you pay<br>did a total of<br>tobligations | e."  y any creditor a tot  of \$6,425* or more mestic support obl uptcy case. at for cases filed o  ots.  y any creditor a tot  of \$600 or more ar s, such as child su | tal of \$6,425* or mo a in one or more pay igations, such as ch n or after the date of tal of \$600 or more?  and the total amount pport and alimony. | re? rments and th ild support ar f adjustment.  you paid that Also, do not in | e total amount yound alimony. Also, o                | u<br>do       |
|    | Creditor                                 | 's Name and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | l Address                                                                                                                                                                                            |                                                                                                                   | Dates of payr                                                                                                                                                                                    | nent                                                                                                                                                                  | Total amount paid                                                                                                                                                       | Amount you still owe                                                                                                                                  | Was this p                                                                    | ayment for                                           |               |
| 7. | Insiders in of which ya busines alimony. | nclude your r<br>you are an of<br>ss you operat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | elatives; any ficer, director,                                                                                                                                                                       | general pa<br>person in<br>oprietor. 1                                                                            | artners; relatives control, or owne                                                                                                                                                              | of any gene<br>r of 20% or                                                                                                                                            | eral partners; partn<br>more of their votir                                                                                                                             | owed anyone who<br>lerships of which yo<br>ng securities; and ar<br>c support obligation                                                              | u are a gener<br>ny managing a                                                | al partner; corpora<br>agent, including or           |               |
|    |                                          | Name and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                      |                                                                                                                   | Dates of payr                                                                                                                                                                                    | nent                                                                                                                                                                  | Total amount                                                                                                                                                            | Amount you                                                                                                                                            | Reason for                                                                    | this payment                                         |               |
| 3. | insider? Include pa                      | ayments on o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                      | eed or cos                                                                                                        | <b>cy, did you mak</b><br>signed by an insid                                                                                                                                                     |                                                                                                                                                                       | paid<br>nents or transfer                                                                                                                                               | still owe                                                                                                                                             | ccount of a d                                                                 | lebt that benefite                                   | d an          |
|    | Insider's                                | Name and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Address                                                                                                                                                                                              |                                                                                                                   | Dates of payr                                                                                                                                                                                    | ment                                                                                                                                                                  | Total amount                                                                                                                                                            | Amount you still owe                                                                                                                                  |                                                                               | this payment ditor's name                            |               |
|    |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                      |                                                                                                                   |                                                                                                                                                                                                  |                                                                                                                                                                       | paid                                                                                                                                                                    | Still Owe                                                                                                                                             | include cred                                                                  | uitoi S Haffle                                       |               |

Case number (if known)

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 2

Debtor 1 **Temecia S. Thomas** 

| Par | t 4: Identify Legal Actions, Repossession                                                                                              | ons, and Foreclosures                                                                       |                                 |                          |                           |
|-----|----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|---------------------------------|--------------------------|---------------------------|
| 9.  | Within 1 year before you filed for bankrup<br>List all such matters, including personal injur<br>modifications, and contract disputes. |                                                                                             |                                 |                          |                           |
|     | ■ No □ Yes. Fill in the details.                                                                                                       |                                                                                             |                                 |                          |                           |
|     | Case title Case number                                                                                                                 | Nature of the case                                                                          | Court or agency                 | Status of th             | e case                    |
| 10. | Within 1 year before you filed for bankrup<br>Check all that apply and fill in the details below                                       |                                                                                             | rty repossessed, foreclosed,    | garnished, attached      | I, seized, or levied?     |
|     | <ul><li>No. Go to line 11.</li><li>Yes. Fill in the information below.</li></ul>                                                       |                                                                                             |                                 |                          |                           |
|     | Creditor Name and Address                                                                                                              | Describe the Property                                                                       |                                 | Date                     | Value of the              |
|     |                                                                                                                                        | Explain what happened                                                                       |                                 |                          | property                  |
| 11. | Within 90 days before you filed for bankru accounts or refuse to make a payment be  ■ No □ Yes. Fill in the details.                   |                                                                                             | uding a bank or financial inst  | itution, set off any a   | mounts from your          |
|     | Creditor Name and Address                                                                                                              | Describe the action the                                                                     | creditor took                   | Date action was taken    | Amount                    |
|     | Within 1 year before you filed for bankrup court-appointed receiver, a custodian, or  ■ No □ Yes                                       | another official?                                                                           | rty in the possession of an as  | ssignee for the bene     | fit of creditors, a       |
| Par |                                                                                                                                        |                                                                                             |                                 |                          |                           |
| 13. | Within 2 years before you filed for bankru  ■ No  □ Yes. Fill in the details for each gift.                                            | ptcy, did you give any gifts                                                                | with a total value of more that | an \$600 per person′     | ?                         |
|     | Gifts with a total value of more than \$600 per person                                                                                 | Describe the gifts                                                                          |                                 | Dates you gave the gifts | Value                     |
|     | Person to Whom You Gave the Gift and Address:                                                                                          |                                                                                             |                                 |                          |                           |
| 14. | Within 2 years before you filed for bankru  ■ No □ Yes. Fill in the details for each gift or co                                        |                                                                                             | or contributions with a total   | value of more than       | \$600 to any charity?     |
|     | Gifts or contributions to charities that to<br>more than \$600<br>Charity's Name<br>Address (Number, Street, City, State and ZIP Code) | ŕ                                                                                           | contributed                     | Dates you contributed    | Value                     |
| Par | t 6: List Certain Losses                                                                                                               |                                                                                             |                                 |                          |                           |
| 15. | Within 1 year before you filed for bankrup or gambling?                                                                                | etcy or since you filed for be                                                              | ankruptcy, did you lose anyth   | ing because of thef      | t, fire, other disaster,  |
|     | ■ No □ Yes. Fill in the details.                                                                                                       |                                                                                             |                                 |                          |                           |
|     | how the loss occurred                                                                                                                  | Describe any insurance co<br>Include the amount that insur<br>insurance claims on line 33 c | ance has paid. List pending     | Date of your loss        | Value of property<br>lost |

Case number (if known)

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 3

Debtor 1 Temecia S. Thomas

| Part 7: | List Certain | <b>Payments</b> | or | <b>Transfers</b> |
|---------|--------------|-----------------|----|------------------|
|---------|--------------|-----------------|----|------------------|

| ı aı |               | List certain r ayments of Transfers                                                                                                                                                                                        |                                                        |                               |                 |                                                         |                                               |
|------|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-------------------------------|-----------------|---------------------------------------------------------|-----------------------------------------------|
| 16.  | con           | hin 1 year before you filed for bankruptcy<br>sulted about seeking bankruptcy or prep<br>ude any attorneys, bankruptcy petition prepa                                                                                      | aring a bankruptcy pet                                 | ition?                        |                 |                                                         | rty to anyone you                             |
|      |               | No                                                                                                                                                                                                                         |                                                        |                               |                 |                                                         |                                               |
|      |               | Yes. Fill in the details.                                                                                                                                                                                                  |                                                        |                               |                 |                                                         |                                               |
|      | Ad<br>Em      | rson Who Was Paid<br>dress<br>ail or website address<br>rson Who Made the Payment, if Not You                                                                                                                              | Description and v<br>transferred                       | alue of any prop              | erty            | Date payment or transfer was made                       | Amount of payment                             |
|      | 20:<br>Bir    | orge Babakitis<br>31 2nd Avenue North<br>rmingham, AL 35203-3703<br>abakitis@aol.com                                                                                                                                       | Attorney Fees -                                        | Chapter 7                     |                 | 01/16/2019                                              | \$500.00                                      |
|      | PC            | EFA<br>DBox 11527<br>rmingham, AL 35202                                                                                                                                                                                    | Credit Counseli                                        | ng                            |                 | 01/25/2019                                              | \$35.00                                       |
| 17.  | pro           | nin 1 year before you filed for bankruptcy mised to help you deal with your creditor not include any payment or transfer that you                                                                                          | s or to make payments                                  |                               |                 | or transfer any prope                                   | rty to anyone who                             |
|      | ш             | Yes. Fill in the details.                                                                                                                                                                                                  |                                                        |                               |                 |                                                         |                                               |
|      |               | rson Who Was Paid<br>dress                                                                                                                                                                                                 | Description and variansferred                          | alue of any prop              | erty            | Date payment<br>or transfer was<br>made                 | Amount of payment                             |
| 18.  | tran<br>Inclu | hin 2 years before you filed for bankrupto<br>isferred in the ordinary course of your but<br>ude both outright transfers and transfers madude gifts and transfers that you have already<br>No<br>Yes. Fill in the details. | isiness or financial affa<br>de as security (such as t | airs?<br>the granting of a se |                 | •                                                       |                                               |
|      |               | rson Who Received Transfer<br>dress                                                                                                                                                                                        | Description and v<br>property transfer                 |                               |                 | any property or<br>received or debts<br>change          | Date transfer was made                        |
|      | Pe            | rson's relationship to you                                                                                                                                                                                                 |                                                        |                               |                 |                                                         |                                               |
| 19.  |               | nin 10 years before you filed for bankrupt<br>eficiary? (These are often called asset-prof<br>No<br>Yes. Fill in the details.                                                                                              |                                                        | y property to a s             | elf-settled tru | ust or similar device                                   | of which you are a                            |
|      | Na            | me of trust                                                                                                                                                                                                                | Description and v                                      | alue of the prope             | erty transferr  | red                                                     | Date Transfer was made                        |
| Par  | t 8:          | List of Certain Financial Accounts, Inst                                                                                                                                                                                   | truments, Safe Deposi                                  | Boxes, and Stor               | age Units       |                                                         |                                               |
| 20.  | solo<br>Incl  | nin 1 year before you filed for bankruptcy<br>d, moved, or transferred?<br>ude checking, savings, money market, or<br>ses, pension funds, cooperatives, associ                                                             | r other financial accou                                | nts; certificates o           | of deposit; sh  |                                                         | , ,                                           |
|      |               | NO Yes. Fill in the details.                                                                                                                                                                                               |                                                        |                               |                 |                                                         |                                               |
|      | Na            | me of Financial Institution and dress (Number, Street, City, State and ZIP                                                                                                                                                 | Last 4 digits of account number                        | Type of account instrument    | clo             | nte account was<br>osed, sold,<br>oved, or<br>onsferred | Last balance<br>before closing or<br>transfer |
|      |               |                                                                                                                                                                                                                            |                                                        |                               |                 |                                                         |                                               |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Debtor 1 **Temecia S. Thomas** Case number (if known)

| 21. | Do you now have, or did you have within 1 year cash, or other valuables?                                                                        | r before you filed for bankruptcy, a                                                 | ny safe deposit box or other deposito | ory for securities,   |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|---------------------------------------|-----------------------|
|     | ■ No                                                                                                                                            |                                                                                      |                                       |                       |
|     | Yes. Fill in the details.                                                                                                                       |                                                                                      |                                       |                       |
|     | Name of Financial Institution Address (Number, Street, City, State and ZIP Code)                                                                | Who else had access to it?<br>Address (Number, Street, City,<br>State and ZIP Code)  | Describe the contents                 | Do you still have it? |
| 22. | Have you stored property in a storage unit or p  No                                                                                             | lace other than your home within 1                                                   | year before you filed for bankruptcy  | ?                     |
|     | Yes. Fill in the details.                                                                                                                       |                                                                                      |                                       |                       |
|     | Name of Storage Facility<br>Address (Number, Street, City, State and ZIP Code)                                                                  | Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) | Describe the contents                 | Do you still have it? |
| Par | t 9: Identify Property You Hold or Control for                                                                                                  | Someone Else                                                                         |                                       |                       |
| 23. | for someone.                                                                                                                                    | one else owns? Include any proper                                                    | ty you borrowed from, are storing for | r, or hold in trust   |
|     | ■ No □ Yes. Fill in the details.                                                                                                                |                                                                                      |                                       |                       |
|     | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)                                                                              | Where is the property?<br>(Number, Street, City, State and ZIP<br>Code)              | Describe the property                 | Value                 |
| Par | rt 10: Give Details About Environmental Inform                                                                                                  | ation                                                                                |                                       |                       |
|     | the purpose of Part 10, the following definitions                                                                                               |                                                                                      |                                       |                       |
|     | Environmental law means any federal, state, or toxic substances, wastes, or material into the a regulations controlling the cleanup of these su | air, land, soil, surface water, ground                                               | - ·                                   |                       |
|     | Site means any location, facility, or property as to own, operate, or utilize it, including disposal                                            |                                                                                      | aw, whether you now own, operate, o   | or utilize it or used |
|     | Hazardous material means anything an environ hazardous material, pollutant, contaminant, or                                                     |                                                                                      | waste, hazardous substance, toxic s   | substance,            |
| Rep | ort all notices, releases, and proceedings that y                                                                                               | ou know about, regardless of wher                                                    | they occurred.                        |                       |
| 24. | Has any governmental unit notified you that yo                                                                                                  | u may be liable or potentially liable                                                | under or in violation of an environme | ental law?            |
|     | ■ No □ Yes. Fill in the details.                                                                                                                |                                                                                      |                                       |                       |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)                                                                              | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code)           | Environmental law, if you know it     | Date of notice        |
| 25. | Have you notified any governmental unit of any                                                                                                  | release of hazardous material?                                                       |                                       |                       |
|     | ■ No □ Yes. Fill in the details.                                                                                                                |                                                                                      |                                       |                       |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)                                                                              | Governmental unit Address (Number, Street, City, State and                           | Environmental law, if you know it     | Date of notice        |
|     |                                                                                                                                                 | ZIP Code)                                                                            |                                       |                       |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Hav                                                                     | e you been a party in any judicial or adı                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ministrative proceeding under any env                                                                                                                                                      | rironme            | ental law? Include settlements                 | s and orders.                          |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|------------------------------------------------|----------------------------------------|--|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                         | No<br>Yes. Fill in the details.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                            |                    |                                                |                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                         | se Title<br>se Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Court or agency Name Address (Number, Street, City, State and ZIP Code)                                                                                                                    | Natu               | re of the case                                 | Status of the case                     |  |
| Par                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 11:                                                                     | Give Details About Your Business or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Connections to Any Business                                                                                                                                                                |                    |                                                |                                        |  |
| 27.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | With                                                                    | <br>nin 4 years before you filed for bankrup                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | tcv. did vou own a business or have a                                                                                                                                                      | nv of th           | ne following connections to a                  | nv business?                           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                         | ☐ A sole proprietor or self-employed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | • •                                                                                                                                                                                        | •                  | _                                              | •                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                         | ☐ A member of a limited liability comp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | pany (LLC) or limited liability partnersh                                                                                                                                                  | nip (LLI           | P)                                             |                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                         | ☐ A partner in a partnership                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                            |                    | •                                              |                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                         | ☐ An officer, director, or managing ex                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ecutive of a corporation                                                                                                                                                                   |                    |                                                |                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                         | ☐ An owner of at least 5% of the votin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | q or equity securities of a corporation                                                                                                                                                    | ı                  |                                                |                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                         | No. None of the above applies. Go to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Part 12                                                                                                                                                                                    |                    |                                                |                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | _                                                                       | Yes. Check all that apply above and fil                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                            | S                  |                                                |                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Business Name                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Describe the nature of the business                                                                                                                                                        |                    | Employer Identification number                 |                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Address<br>(Number, Street, City, State and ZIP Code)                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Name of accountant or bookkeeper                                                                                                                                                           |                    | Do not include Social Security number or ITIN. |                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ·                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | name of accountant of accouncespor                                                                                                                                                         |                    | Dates business existed                         |                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                            |                    |                                                | lude all financial                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                         | itutions, creditors, or other parties.  No  Yes. Fill in the details below.                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                            |                    |                                                |                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ■<br>□<br>Nar<br>Add                                                    | No<br>Yes. Fill in the details below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Date Issued                                                                                                                                                                                |                    |                                                |                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Nar<br>Add                                                              | No<br>Yes. Fill in the details below.<br>me<br>dress                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Date Issued                                                                                                                                                                                |                    |                                                |                                        |  |
| Par<br>hav<br>are t<br>with<br>18 U                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Nan<br>Add<br>(Nur<br>12:<br>12:<br>e re:<br>a ba<br>s.C.C.             | No Yes. Fill in the details below. me dress mber, Street, City, State and ZIP Code)                                                                                                                                                                                                                                                                                                                                                                                                                                       | nancial Affairs and any attachments, a false statement, concealing property,                                                                                                               | or obt             | aining money or property by f                  | that the answers                       |  |
| have the with 18 U                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Nan Add (Nur 12: 12: 12: 14: 15: 16: 16: 16: 16: 16: 16: 16: 16: 16: 16 | No Yes. Fill in the details below. me dress mber, Street, City, State and ZIP Code)  Sign Below ad the answers on this Statement of Finand correct. I understand that making a ankruptcy case can result in fines up to \$\circ{8}\$ 152, 1341, 1519, and 3571. ecia S. Thomas                                                                                                                                                                                                                                            | nancial Affairs and any attachments, a<br>false statement, concealing property,<br>\$250,000, or imprisonment for up to 2                                                                  | or obt             | aining money or property by f                  | that the answers                       |  |
| have the hard the har | Nar<br>Add<br>(Nur<br>112:<br>re rea<br>a ba<br>.S.C.                   | No Yes. Fill in the details below. me dress mber, Street, City, State and ZIP Code)  Sign Below  ad the answers on this Statement of Finand correct. I understand that making a ankruptcy case can result in fines up to \$\frac{8}{3}\$ 152, 1341, 1519, and 3571.  ecia S. Thomas ia S. Thomas                                                                                                                                                                                                                          | nancial Affairs and any attachments, a<br>false statement, concealing property,<br>\$250,000, or imprisonment for up to 2                                                                  | or obt             | aining money or property by f                  | that the answers                       |  |
| have the with 18 U                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Nan Add (Nur 12: 12: 12: 12: 12: 12: 12: 12: 12: 12:                    | No Yes. Fill in the details below.  me dress mber, Street, City, State and ZIP Code)  Sign Below  ad the answers on this Statement of Finand correct. I understand that making a unkruptcy case can result in fines up to \$\frac{8}{2}\$ 152, 1341, 1519, and 3571.  secia S. Thomas a S. Thomas a S. Thomas a G. Thomas                                                                                                                                                                                                 | nancial Affairs and any attachments, a false statement, concealing property, \$250,000, or imprisonment for up to 2  Signature of Debtor 2  Date                                           | or obt             | aining money or property by f                  | that the answers<br>raud in connection |  |
| have the with 18 U                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Nan Add (Nur 12: 12: 12: 12: 12: 12: 12: 12: 12: 12:                    | No Yes. Fill in the details below.  me dress mber, Street, City, State and ZIP Code)  Sign Below  ad the answers on this Statement of Fin and correct. I understand that making a mkruptcy case can result in fines up to \$\frac{8}{2}\$ 152, 1341, 1519, and 3571.  secia S. Thomas a S. Thomas a S. Thomas a G. Thomas | nancial Affairs and any attachments, a false statement, concealing property, \$250,000, or imprisonment for up to 2  Signature of Debtor 2  Date  ent of Financial Affairs for Individuals | or obt.<br>0 years | aining money or property by f                  | that the answers<br>raud in connection |  |

Case number (if known)

Official Form 107

Debtor 1 Temecia S. Thomas

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| Fill in this infor               | metion to identify your coop.                                                   |                                                                                                                                  |                                   |
|----------------------------------|---------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
|                                  | mation to identify your case:                                                   |                                                                                                                                  |                                   |
| Debtor 1                         | Temecia S. Thomas  First Name Middle Name                                       | Last Name                                                                                                                        |                                   |
| Debtor 2                         |                                                                                 |                                                                                                                                  |                                   |
| (Spouse if, filing)              | First Name Middle Name                                                          | Last Name                                                                                                                        |                                   |
| United States Ba                 | ankruptcy Court for the: NORTHERN DI                                            | STRICT OF ALABAMA                                                                                                                |                                   |
| Case number                      |                                                                                 |                                                                                                                                  |                                   |
| (if known)                       |                                                                                 |                                                                                                                                  | ☐ Check if this is an             |
|                                  |                                                                                 |                                                                                                                                  | amended filing                    |
|                                  |                                                                                 |                                                                                                                                  |                                   |
| Official Fo                      | orm 108                                                                         |                                                                                                                                  |                                   |
| Statemer                         | nt of Intention for Indi                                                        | ividuals Filing Under Chapte                                                                                                     | r <b>7</b> 12/15                  |
|                                  |                                                                                 |                                                                                                                                  |                                   |
|                                  | ividual filing under chapter 7, you must e claims secured by your property, or  | fill out this form if:                                                                                                           |                                   |
| _                                |                                                                                 | not expired                                                                                                                      |                                   |
| You must file thi                | ever is earlier, unless the court extends                                       | riot expired.<br>er you file your bankruptcy petition or by the date set<br>the time for cause. You must also send copies to the |                                   |
| If two married pe                |                                                                                 | poth are equally responsible for supplying correct in                                                                            | formation. Both debtors must      |
| •                                |                                                                                 | is useded attack a source to shoot to this form. On the                                                                          | ha tan af ann additional nama     |
|                                  | and accurate as possible. If more space<br>our name and case number (if known). | is needed, attach a separate sheet to this form. On t                                                                            | ne top of any additional pages,   |
| Part 1: List Y                   | our Creditors Who Have Secured Claims                                           | 2                                                                                                                                |                                   |
|                                  |                                                                                 |                                                                                                                                  |                                   |
| 1. For any credit information be |                                                                                 | D: Creditors Who Have Claims Secured by Property                                                                                 | (Official Form 106D), fill in the |
|                                  | editor and the property that is collateral                                      | What do you intend to do with the property that                                                                                  | Did you claim the property        |
|                                  |                                                                                 | secures a debt?                                                                                                                  | as exempt on Schedule C?          |
| Creditor's                       |                                                                                 | ☐ Surrender the property.                                                                                                        | □ No                              |
| name:                            |                                                                                 | Retain the property and redeem it.                                                                                               |                                   |
|                                  |                                                                                 | ☐ Retain the property and enter into a                                                                                           | ☐ Yes                             |
| Description of                   |                                                                                 | Reaffirmation Agreement.                                                                                                         |                                   |
| property                         |                                                                                 | ☐ Retain the property and [explain]:                                                                                             |                                   |
| securing debt:                   |                                                                                 |                                                                                                                                  | _                                 |
| Creditor's                       |                                                                                 | ☐ Surrender the property.                                                                                                        | □ No                              |
| name:                            |                                                                                 | ☐ Retain the property and redeem it.                                                                                             | _                                 |
| Description of                   |                                                                                 | Retain the property and enter into a                                                                                             | ☐ Yes                             |
| property                         |                                                                                 | Reaffirmation Agreement.  Retain the property and [explain]:                                                                     |                                   |
| securing debt:                   |                                                                                 | ☐ Retain the property and [explain].                                                                                             |                                   |
| cooding dobt.                    | •                                                                               |                                                                                                                                  | _                                 |
| Creditor's                       |                                                                                 | ☐ Surrender the property.                                                                                                        | □ No                              |
| name:                            |                                                                                 | ☐ Retain the property and redeem it.                                                                                             | _                                 |
| Dogovintion of                   |                                                                                 | Retain the property and enter into a                                                                                             | ☐ Yes                             |
| Description of                   |                                                                                 | Reaffirmation Agreement.                                                                                                         |                                   |
| property<br>securing debt:       |                                                                                 | ☐ Retain the property and [explain]:                                                                                             |                                   |
| occurring debt.                  |                                                                                 |                                                                                                                                  | =                                 |
| Creditor's                       |                                                                                 | ☐ Surrender the property.                                                                                                        | □ No                              |
|                                  |                                                                                 | . r - r - v                                                                                                                      |                                   |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

page 1

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Best Case Bankruptcy

| Debtor 1 Temecia S. Thomas                                                                                                                                                                                                                                        | Case number (if kn                                                                                                                                                              | own)                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| name:  Description of property securing debt:                                                                                                                                                                                                                     | <ul> <li>□ Retain the property and redeem it.</li> <li>□ Retain the property and enter into a Reaffirmation Agreement.</li> <li>□ Retain the property and [explain]:</li> </ul> | □ Yes                                 |
| Part 2: List Your Unexpired Personal Property Leases For any unexpired personal property lease that you listed in the information below. Do not list real estate leases. Une You may assume an unexpired personal property lease if the state of the state lease. | expired leases are leases that are still in effect                                                                                                                              | ; the lease period has not yet ended. |
| Describe your unexpired personal property leases                                                                                                                                                                                                                  |                                                                                                                                                                                 | Will the lease be assumed?            |
| Lessor's name: Description of leased Property:                                                                                                                                                                                                                    |                                                                                                                                                                                 | □ No □ Yes                            |
| Lessor's name: Description of leased Property:                                                                                                                                                                                                                    |                                                                                                                                                                                 | □ No □ Yes                            |
| Lessor's name: Description of leased Property:                                                                                                                                                                                                                    |                                                                                                                                                                                 | □ No □ Yes                            |
| Lessor's name: Description of leased Property:                                                                                                                                                                                                                    |                                                                                                                                                                                 | □ No □ Yes                            |
| Lessor's name: Description of leased Property:                                                                                                                                                                                                                    |                                                                                                                                                                                 | □ No □ Yes                            |
| Lessor's name: Description of leased Property:                                                                                                                                                                                                                    |                                                                                                                                                                                 | □ No □ Yes                            |
| Lessor's name: Description of leased Property:                                                                                                                                                                                                                    |                                                                                                                                                                                 | □ No □ Yes                            |
| Part 3: Sign Below                                                                                                                                                                                                                                                |                                                                                                                                                                                 |                                       |
| Under penalty of perjury, I declare that I have indicated my property that is subject to an unexpired lease.                                                                                                                                                      | intention about any property of my estate that                                                                                                                                  | t secures a debt and any personal     |
| X /s/ Temecia S. Thomas Temecia S. Thomas Signature of Debtor 1                                                                                                                                                                                                   | X Signature of Debtor 2                                                                                                                                                         |                                       |
| Date <b>January 28, 2019</b>                                                                                                                                                                                                                                      | Date                                                                                                                                                                            |                                       |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

page 2

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Best Case Bankruptcy

| Fill in                            | n this information to identify your case:                                                                                                                                                                                                                                                |                                                 |                                              |                                   | only as c            | lirected in this form and in                                | Form                   |
|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|----------------------------------------------|-----------------------------------|----------------------|-------------------------------------------------------------|------------------------|
| Debt                               | tor 1 Temecia S. Thomas                                                                                                                                                                                                                                                                  |                                                 | 12                                           | 22A-1Supp:                        |                      |                                                             |                        |
| Debt<br>(Spou                      | tor 2                                                                                                                                                                                                                                                                                    |                                                 |                                              | ■ 1. There is                     | s no pres            | umption of abuse                                            |                        |
| Unite                              | ed States Bankruptcy Court for the: Northern District of                                                                                                                                                                                                                                 | Alabama                                         |                                              | applies                           | will be r            | to determine if a presump<br>made under <i>Chapter 7 Me</i> |                        |
|                                    | e number                                                                                                                                                                                                                                                                                 |                                                 |                                              | Calcula                           | ation (Off           | icial Form 122A-2).                                         |                        |
| (if kno                            | wn)                                                                                                                                                                                                                                                                                      |                                                 |                                              |                                   |                      | does not apply now becay service but it could apply         |                        |
|                                    |                                                                                                                                                                                                                                                                                          |                                                 |                                              | ☐ Check if                        | this is a            | n amended filing                                            |                        |
| Off                                | icial Form 122A - 1                                                                                                                                                                                                                                                                      |                                                 |                                              |                                   |                      |                                                             |                        |
| Ch                                 | apter 7 Statement of Your Cur                                                                                                                                                                                                                                                            | rent Mo                                         | onthly Inc                                   | come                              |                      |                                                             | 12/15                  |
| attach<br>case i<br>qualif<br>Part |                                                                                                                                                                                                                                                                                          | hich the addin<br>n a presumpt<br>tion from Pre | tional information a<br>ion of abuse becau   | applies. On the<br>use you do not | top of a<br>have pri | ny additional pages, write y<br>marily consumer debts or b  | our name and ecause of |
| 1.                                 | What is your marital and filing status? Check one onl                                                                                                                                                                                                                                    | ly.                                             |                                              |                                   |                      |                                                             |                        |
|                                    | ■ Not married. Fill out Column A, lines 2-11.                                                                                                                                                                                                                                            |                                                 |                                              |                                   |                      |                                                             |                        |
|                                    | ☐ Married and your spouse is filing with you. Fill our                                                                                                                                                                                                                                   | t both Colum                                    | nns A and B, lines                           | 3 2-11.                           |                      |                                                             |                        |
|                                    | $\square$ Married and your spouse is NOT filing with you.                                                                                                                                                                                                                                | ou and yoι                                      | ır spouse are:                               |                                   |                      |                                                             |                        |
|                                    | ☐ Living in the same household and are not legal                                                                                                                                                                                                                                         | lly separate                                    | <b>d.</b> Fill out both Co                   | olumns A and                      | B, lines             | 2-11.                                                       |                        |
|                                    | ☐ Living separately or are legally separated. Fill of penalty of perjury that you and your spouse are legiving apart for reasons that do not include evading                                                                                                                             | gally separa                                    | ted under nonbar                             | nkruptcy law t                    | hat appli            | es or that you and your sp                                  |                        |
| 10<br>the                          | Il in the average monthly income that you received from all sold (10A). For example, if you are filing on September 15, the 6-mide 6 months, add the income for all 6 months and divide the total leaves own the same rental property, put the income from that property.                | onth period wo                                  | ould be March 1 thro<br>result. Do not inclu | ough August 31.<br>ide any income | If the amount m      | ount of your monthly income nore than once. For example,    | varied during if both  |
|                                    |                                                                                                                                                                                                                                                                                          |                                                 |                                              | Column A Debtor 1                 |                      | Column B Debtor 2 or non-filing spouse                      |                        |
| 2.                                 | Your gross wages, salary, tips, bonuses, overtime, a payroll deductions).                                                                                                                                                                                                                | and commis                                      | sions (before all                            | \$                                | 0.00                 | \$                                                          |                        |
| 3.                                 | <b>Alimony and maintenance payments.</b> Do not include Column B is filled in.                                                                                                                                                                                                           | payments fro                                    | om a spouse if                               | \$                                | 0.00                 | \$                                                          |                        |
| 4.                                 | All amounts from any source which are regularly pa<br>of you or your dependents, including child support.<br>from an unmarried partner, members of your household<br>and roommates. Include regular contributions from a spr<br>filled in. Do not include payments you listed on line 3. | Include regu<br>, your depen                    | lar contributions dents, parents,            | \$                                | 0.00                 | \$                                                          |                        |
| 5.                                 | Net income from operating a business, profession, o                                                                                                                                                                                                                                      | or farm                                         |                                              |                                   |                      |                                                             |                        |
|                                    |                                                                                                                                                                                                                                                                                          |                                                 | ebtor 1                                      |                                   |                      |                                                             |                        |
|                                    | Gross receipts (before all deductions)                                                                                                                                                                                                                                                   | \$ 0.0                                          |                                              |                                   |                      |                                                             |                        |
|                                    | Ordinary and necessary operating expenses                                                                                                                                                                                                                                                | -\$ 0.0                                         |                                              |                                   |                      |                                                             |                        |
|                                    | Net monthly income from a business, profession, or farm                                                                                                                                                                                                                                  | n \$ <b>0.0</b>                                 | O Copy here ->                               | <b>&gt;</b> \$                    | 0.00                 | \$                                                          |                        |
| 6.                                 | Net income from rental and other real property                                                                                                                                                                                                                                           | _                                               | ashtan 4                                     |                                   |                      |                                                             |                        |
|                                    |                                                                                                                                                                                                                                                                                          |                                                 | ebtor 1                                      |                                   |                      |                                                             |                        |
|                                    | Gross receipts (before all deductions)                                                                                                                                                                                                                                                   | \$ 0.0                                          |                                              |                                   |                      |                                                             |                        |
|                                    | Ordinary and necessary operating expenses                                                                                                                                                                                                                                                | -\$ 0.0                                         |                                              | ф.                                | 0.00                 | Φ                                                           |                        |
|                                    | Net monthly income from rental or other real property                                                                                                                                                                                                                                    | \$0.0                                           | O Copy here ->                               | > Φ                               | 0.00                 | \$                                                          |                        |

Official Form 122A-1

**Chapter 7 Statement of Your Current Monthly Income** 

0.00

page 1

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7. Interest, dividends, and royalties

Debtor 1

|      |                                                                                                                                                                                                                                      |                                                 |            |             | umn A<br>otor 1 |            | Column<br>Debtor<br>non-fili |               |                 |
|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|------------|-------------|-----------------|------------|------------------------------|---------------|-----------------|
| 8.   | Unemployment compensation                                                                                                                                                                                                            |                                                 |            | \$          |                 | 0.00       | \$                           |               |                 |
|      | Do not enter the amount if you contend that the amour the Social Security Act. Instead, list it here:                                                                                                                                | nt received was a benef                         | it under   |             |                 |            |                              |               |                 |
|      | For you S For your spouse S                                                                                                                                                                                                          | 0.0                                             | 00         |             |                 |            |                              |               |                 |
|      | For your spouse                                                                                                                                                                                                                      |                                                 |            |             |                 |            |                              |               |                 |
|      | Pension or retirement income. Do not include any a<br>benefit under the Social Security Act.                                                                                                                                         |                                                 |            | \$          |                 | 0.00       | \$                           |               |                 |
| 10.  | Income from all other sources not listed above. Sp Do not include any benefits received under the Social received as a victim of a war crime, a crime against hudomestic terrorism. If necessary, list other sources on total below. | Security Act or paymen manity, or international | ts<br>or   | ¢           |                 | 0.00       | ¢                            |               |                 |
|      | •                                                                                                                                                                                                                                    |                                                 |            | \$_         |                 | 0.00       | \$                           |               |                 |
|      | Total amounts from congrete pages, if any                                                                                                                                                                                            |                                                 |            | φ_          |                 | 0.00       | \$                           |               |                 |
|      | Total amounts from separate pages, if any.                                                                                                                                                                                           |                                                 | +          | \$          |                 | 0.00       |                              |               |                 |
| 11.  | Calculate your total current monthly income. Add li each column. Then add the total for Column A to the to                                                                                                                           |                                                 | \$         |             | 0.00            | + \$ _     |                              | _ = \$_       | 0.00            |
|      |                                                                                                                                                                                                                                      |                                                 |            |             |                 |            |                              |               | current monthly |
| Part | Determine Whether the Means Test Applies                                                                                                                                                                                             | to You                                          |            |             |                 |            |                              | incon         | ne              |
| 12.  | Calculate your current monthly income for the year                                                                                                                                                                                   | r. Follow these steps:                          |            |             |                 |            |                              |               |                 |
|      | 12a. Copy your total current monthly income from line                                                                                                                                                                                | 11                                              |            |             | Сору            | line 11 h  | nere=>                       | \$            | 0.00            |
|      | Multiply by 12 (the number of months in a year)                                                                                                                                                                                      |                                                 |            |             |                 |            |                              | X             | 12              |
|      | 12b. The result is your annual income for this part of the                                                                                                                                                                           | ne form                                         |            |             |                 |            |                              | 12b. \$       | 0.00            |
| 13.  | Calculate the median family income that applies to                                                                                                                                                                                   | you. Follow these step                          | s:         |             |                 |            |                              |               | J               |
|      | Fill in the state in which you live.                                                                                                                                                                                                 | AL                                              |            |             |                 |            |                              |               |                 |
|      | Fill in the number of people in your household.                                                                                                                                                                                      | 5                                               |            |             |                 |            |                              |               |                 |
|      | Fill in the median family income for your state and size                                                                                                                                                                             | ***************************************         |            |             |                 |            |                              | 13. \$        | 84,985.00       |
|      | To find a list of applicable median income amounts, go<br>for this form. This list may also be available at the ban                                                                                                                  |                                                 | pecified   | in the      | e separa        | te instruc | tions                        |               |                 |
| 14.  | How do the lines compare?                                                                                                                                                                                                            |                                                 |            |             |                 |            |                              |               |                 |
|      | <ul><li>Line 12b is less than or equal to line 13. C</li><li>Go to Part 3.</li></ul>                                                                                                                                                 | On the top of page 1, ch                        | eck box    | 1, <i>T</i> | here is n       | o presum   | ption of a                   | abuse.        |                 |
|      | 14b.  Line 12b is more than line 13. On the top Go to Part 3 and fill out Form 122A-2.                                                                                                                                               | of page 1, check box 2,                         | The pre    | esum        | ption of        | abuse is   | determine                    | ed by Form 1  | 22A-2.          |
| Part | Sign Below                                                                                                                                                                                                                           |                                                 |            |             |                 |            |                              |               |                 |
|      | By signing here, I declare under penalty of perjury                                                                                                                                                                                  | y that the information or                       | n this sta | ateme       | ent and i       | n any atta | achments                     | is true and o | correct.        |
|      | χ /s/ Temecia S. Thomas                                                                                                                                                                                                              |                                                 |            |             |                 |            |                              |               |                 |
|      | Temecia S. Thomas Signature of Debtor 1                                                                                                                                                                                              |                                                 |            |             |                 |            |                              |               |                 |
|      | Date January 28, 2019                                                                                                                                                                                                                |                                                 |            |             |                 |            |                              |               |                 |
|      | MM / DD / YYYY                                                                                                                                                                                                                       |                                                 |            |             |                 |            |                              |               |                 |
|      | If you checked line 14a, do NOT fill out or file For                                                                                                                                                                                 | m 122A-2.                                       |            |             |                 |            |                              |               |                 |
|      | If you checked line 14b, fill out Form 122A-2 and                                                                                                                                                                                    | file it with this form.                         |            |             |                 |            |                              |               |                 |

Official Form 122A-1

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

## This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

## The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: |    | Liquidation        |  |
|------------|----|--------------------|--|
| \$24       | 45 | filing fee         |  |
| \$7        | 75 | administrative fee |  |
| + \$1      | 15 | trustee surcharge  |  |
| \$33       | 35 | total fee          |  |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

## Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

## **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

# Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

## Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure</a>.

## Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

## Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

## Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

# United States Bankruptcy Court Northern District of Alabama

| т     | Tamasia C. Thomas                                                                                                                                                                                                                                                              |                                                                                                                  | C N                                              |                                    |    |
|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|------------------------------------|----|
| In re | Temecia S. Thomas                                                                                                                                                                                                                                                              | Debtor(s)                                                                                                        | Case No. Chapter                                 | 7                                  | _  |
|       | DISCLOSURE OF COMPENSAT                                                                                                                                                                                                                                                        |                                                                                                                  |                                                  | . ,                                |    |
|       | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I compensation paid to me within one year before the filing of the be rendered on behalf of the debtor(s) in contemplation of or in                                                                                 | e petition in bankruptcy connection with the ba                                                                  | , or agreed to be paid<br>nkruptcy case is as fo | to me, for services rendered or to |    |
|       | For legal services, I have agreed to accept                                                                                                                                                                                                                                    |                                                                                                                  | \$                                               | 500.00                             |    |
|       | Prior to the filing of this statement I have received                                                                                                                                                                                                                          |                                                                                                                  | \$                                               | 500.00                             |    |
|       | Balance Due                                                                                                                                                                                                                                                                    |                                                                                                                  | \$                                               | 0.00                               |    |
| 2.    | The source of the compensation paid to me was:                                                                                                                                                                                                                                 |                                                                                                                  |                                                  |                                    |    |
|       | ■ Debtor □ Other (specify):                                                                                                                                                                                                                                                    |                                                                                                                  |                                                  |                                    |    |
| 3.    | The source of compensation to be paid to me is:                                                                                                                                                                                                                                |                                                                                                                  |                                                  |                                    |    |
|       | ■ Debtor □ Other (specify):                                                                                                                                                                                                                                                    |                                                                                                                  |                                                  |                                    |    |
| 4.    | ■ I have not agreed to share the above-disclosed compensation                                                                                                                                                                                                                  | on with any other person                                                                                         | unless they are mem                              | bers and associates of my law firm | n. |
|       | ☐ I have agreed to share the above-disclosed compensation w copy of the agreement, together with a list of the names of                                                                                                                                                        |                                                                                                                  |                                                  |                                    |    |
| 5.    | In return for the above-disclosed fee, I have agreed to render le                                                                                                                                                                                                              | gal service for all aspec                                                                                        | ets of the bankruptcy                            | case, including:                   |    |
|       | <ul><li>a. Analysis of the debtor's financial situation, and rendering ad</li><li>b. Preparation and filing of any petition, schedules, statement of</li><li>c. Representation of the debtor at the meeting of creditors and</li><li>d. [Other provisions as needed]</li></ul> | of affairs and plan whic                                                                                         | h may be required;                               |                                    |    |
| 6.    | By agreement with the debtor(s), the above-disclosed fee does a <b>Avoidance of liens.</b>                                                                                                                                                                                     | not include the followin                                                                                         | g service:                                       |                                    |    |
|       | CEI                                                                                                                                                                                                                                                                            | RTIFICATION                                                                                                      |                                                  |                                    |    |
|       | I certify that the foregoing is a complete statement of any agree bankruptcy proceeding.                                                                                                                                                                                       | ement or arrangement for                                                                                         | r payment to me for r                            | epresentation of the debtor(s) in  |    |
| J     | anuary 28, 2019                                                                                                                                                                                                                                                                | /s/ George Baba                                                                                                  | kitis                                            |                                    |    |
|       | Date                                                                                                                                                                                                                                                                           | George Babakiti Signature of Attorn George Babakiti 2031 2nd Avenu Birmingham, AL (205) 422-4591 gbabakitis@aol. | s BAB001<br>ey<br>s<br>e N<br>35203              |                                    |    |
|       |                                                                                                                                                                                                                                                                                | Name of law firm                                                                                                 |                                                  |                                    |    |

## **United States Bankruptcy Court** Northern District of Alabama

| n re Temecia 5. Thomas              |                                                   | Case No.            |                       |
|-------------------------------------|---------------------------------------------------|---------------------|-----------------------|
|                                     | Debtor(s)                                         | Chapter             | 7                     |
| VEF                                 | RIFICATION OF CREDITOR                            | MATRIX              |                       |
| e above-named Debtor hereby verifie | s that the attached list of creditors is true and | correct to the best | of his/her knowledge. |
| ate: <b>January 28, 2019</b>        | /s/ Temecia S. Thomas Temecia S. Thomas           |                     |                       |

Signature of Debtor

Thomas, Temecia -

George Babakitis George Babakitis 2031 2nd Avenue N Birmingham, AL 35203

Temecia S. Thomas 2408 Bowstring Drive Birmingham AL 35214

Acceptance Now 5501 Headquarters Drive Plano TX 75024

Alabama State Emp Credit Un c/o Richard C. Dean, Jr., Attorney PO Box 1028 Montgomery AL 36101

America's First Federal Cr Un C/O Key, Greer, Frawley 2163 Pelham Parkway, SU 102 Pelham AL 35124

First Premier Bank 601 S Minnesota Avenue Sioux Falls SD 57104

Verizon Wireless PO Box 650051 Dallas TX 75265

Worthington Co/Stonegate Apt. c/o David J. Chastain, Atty. 1800 12th Avenue South Birmingham AL 35205